

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006226

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: B2BPORTALES, INC.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD  
SUITE 601  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD  
SUITE 601  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1036164      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ASHE, DAVID  
901 PONCE DE LEON BLVD #601  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ASHE, DAVID  
Address: 901 PONCE DE LEON BLVD SUITE 601  
City-St-Zip: CORAL GABLES, FL 33134

Title: DS ( ) Delete  
Name: CARVAJAL, JORGE HERNANDO  
Address: CALLE 29 NORTE #6A-40  
City-St-Zip: CALI COLOMBIA,

Title: DT ( ) Delete  
Name: ALVAREZ, LUIS CAMILO  
Address: CALLE 29 NORTE #6A-40  
City-St-Zip: CALI COLOMBIA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ASHE

DP

02/20/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date