


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90011 038 \*\*\*150.00

<b>DOCUMENT # F03000004027</b>	
1. Entity Name <b>BANCOLOMBIA, S.A.</b>	

Principal Place of Business <b>CALLE 50, NO. 51-66 MEDELLIN COLOMBIA,</b>	Mailing Address <b>CALLE 50, NO. 51-66 MEDELLIN COLOMBIA,</b>
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2. Principal Place of Business <b>1111 Brickell Avenue</b>	3. Mailing Address <b>1111 Brickell Avenue</b>
Suite, Apt. #, etc. <b>SUITE 1550</b>	Suite, Apt. #, etc. <b>SUITE 1550</b>

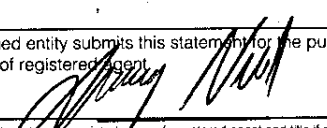
City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33131</b>	Zip <b>33131</b>
Country <b>U.S.A</b>	Country <b>U.S.A</b>



01062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>98-0401297</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD., SUITE 1600 MIAMI, FL 33131</b>		
7. Name and Address of New Registered Agent Name <b>Santiago Villa</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 Brickell Avenue, # 1550</b> City <b>Miami</b> FL Zip Code <b>33131</b>		

8. 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. I am familiar with, and accept the obligations of registered agent.

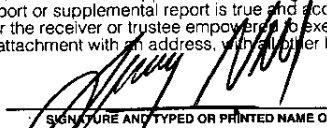
SIGNATURE  DATE **01/07/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SALDARRIAGA, JORGE L CALLE 50, NO. 51-66 MEDELLIN, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRERA, FREDERICO O CALLE 50, NO. 51-66 MEDELLIN, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIDGE, GONZALO T CALLE 50, NO. 51-66 MEDELLIN, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELASQUEZ BOTERO, JAIME A CALLE 50, NO. 51-66 MEDELLIN, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NARANJO, LEONARDO H CALLE 50, NO. 51-66 MEDELLIN, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTOKA CUSSO, LUIS F CALLE 50, NO. 51-66 MEDELLIN, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:  DATE **01/07/04** DAYTIME PHONE # **(305) 373-3969**

**Santiago Villa**  
**General Manager**