


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90092 010 ***158.75

DOCUMENT # F06000005125					
1. Entity Name BANCO LATINOAMERICANO DE EXPORTACIONES S.A. (BLADEX)					
Principal Place of Business 50TH ST AND AQUILINO DE LA GUARDIA PANAMA CITY, PANAMA,			Mailing Address P.O.BOX 0819-08730 PANAMA CITY, PANAMA,		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1221 Brickell Avenue</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>9th Floor</i>			
City & State		City & State <i>MIAMI, FL.</i>			
Zip	Country	Zip <i>33131</i>	Country <i>USA</i>	03292007 Chg-P CR2E034 (12/06)	
4. FEI Number 13-3505186				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUQUE, GONZALO M P.O.BOX 0819-08730 PANAMA CITY, PANAMA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RIVERA, JAIME P.O.BOX 0819-08730 PANAMA CITY, PANAMA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARANGO, RICARDO M P.O.BOX 0819-08730 PANAMA CITY, PANAMA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRACA FRANCA, MARIA DA P.O.BOX 0819-08730 PANAMA CITY, PANAMA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, GUILLERMO G P.O.BOX 0819-08730 PANAMA CITY, PANAMA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALDONADO, SANTIAGO P P.O.BOX 0819-08730 PANAMA CITY, PANAMA,	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 exemptions contained 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 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 all other like empowered.					
SIGNATURE: <i>X</i> _____ <i>Pierre Duhini SVP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>4/11/07</i> Daytime Phone #					

Bladex-Miami Representative OFFICER