2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State
01-24-2006 90018 013 ***158.75

DOCUMENT # F54771

1. Entity Name
BANACOL MARKETING CORPORATION

Principal Place of Business	Mailing Address
2655 LEJEUNE ROAD SUITE 1015 CORAL GABLES, FL 33134 US	2655 LEJEUNE ROAD SUITE 1015 CORAL GABLES, FL 33134 US

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2148171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MIYAR, RAMON~~ 2655 LEJEUNE ROAD SUITE 1015 CORAL GABLES, FL 33134	Name: NATALIA HENAO Street Address (P.O. Box Number is Not Acceptable): 2655 Lejeune Road Suite 1015 City: Coral Gables FL Zip Code: 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~MIYAR, RAMON~~ ~~2655 LEJEUNE ROAD, SUITE 1015~~ ~~CORAL GABLES, FL 33134~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Office Manager Henao, Natalia 2655 LeJeune Road, Suite 1015 Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CD~~ HENRIQUEZ, VICTOR CALLE 53 NO. 45-45 OFICINA 1003 MEDELLIN, COLOMBIA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO Henriquez, Victor Calle 53 No.45-45 Oficina 1003 Medellin, Colombia	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~HERNANDEZ, JUANA M~~ ~~9265 SW 37TH STREET~~ ~~MIAMI, FL 33165~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Trujillo, Juan Diego Calle 26 Sur No.48-12 Medellin, Colombia	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEL CORRAL-SUESCUN, JUAN M CARRERA 50 NO.97 A SUR 150 LA ESTRELLA, MEDELLIN COL.,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST Moreno, Andres Calle 26 Sur No.48-12 Medellin, Colombia	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSA BORCHERS, ROSA E 6210 FULSHER LANE MADEIRA, OH 45243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPF Cadavid, Jorge A. Calle 26 Sur No.48-12 Medellin, Colombia	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSM SHERIDAN, WILLIAM J 16 MEADOWLARK DR EAST NORTHPORT, NY 11731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Natalia Henao 01/16/06 1(305)4419086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #