

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54771

FILED
Apr 19, 2007
Secretary of State

Entity Name: BANACOL MARKETING CORPORATION

Current Principal Place of Business:

2655 LEJEUNE ROAD
SUITE 1015
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2655 LEJEUNE ROAD
SUITE 1015
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-2148171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENAO, NATALIA
2655 LEJEUNE ROAD
SUITE 1015
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BLASCO, MARIA
2655 LEJEUNE ROAD
SUITE 1015
CORAL GABLES, FL 33134 US

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: MARIA BLASCO

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OMGR () Delete
Name: HENAO, NATALIA
Address: 2655 LEJEUNE RD STE 1015
City-St-Zip: CORAL GABLES, FL 33134

Title: PCEO () Delete
Name: HENRIQUEZ, VICTOR
Address: CALLE 53 NO. 45-45 OFICINA 1003
City-St-Zip: MEDELLIN, COLOMBIA,

Title: S () Delete
Name: TRUJILLO, JUAN D
Address: CALLE 26 SUR NO 48-12
City-St-Zip: MEDELLIN, COLOMBIA,

Title: D () Delete
Name: DEL CORRAL-SUESCUN, JUAN M
Address: CARRERA 50 NO.97 A SUR 150
City-St-Zip: LA ESTRELLA, MEDELLIN COL.,

Title: VPSA () Delete
Name: BORCHERS, ROSA E
Address: 6210 FULSHER LANE
City-St-Zip: MADEIRA, OH 45243

Title: VPSM () Delete
Name: SHERIDAN, WILLIAM J
Address: 16 MEADOWLARK DR
City-St-Zip: EAST NORTHPORT, NY 11731

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:

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 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: NATALIA HENAO

OMNG

04/19/2007

Electronic Signature of Signing Officer or Director

Date