

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F54771

**FILED**  
**Mar 18, 2009**  
**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 ( )****Name and Address of Current Registered Agent:**CONSULTING SERVICES OF S. FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
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

**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:** 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**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****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:** D ( ) Change (X) Addition  
**Name:** DEL CORRAL-SUESCAN, JUAN M  
**Address:** CARRERA 50 NO. 97 A SUR 150  
**City-St-Zip:** LA ESTRELLA,, CO MEDELLIN CO

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: NATALIA HENAO

OMGR

03/18/2009

Electronic Signature of Signing Officer or Director

Date