2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001453

Entity Name: BOYACA S.A., INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O MANUEL ZAIAC C/O MANUEL ZAIAC

100 S.E. 2ND AVENUE STE 2350 100 S.E. 2ND AVENUE STE 1120

MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

C/O MANUEL ZAIAC C/O MANUEL ZAIAC

100 S.E. 2ND AVENUE STE 2350 100 S.E. 2ND AVENUE STE 1120

MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 52-1388281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZAIAC, MANUEL
100 S.E. 2ND STREET
5UITE 2350
MIAMI, FL 33131 US

ZAIAC, MANUEL
100 S.E. 2ND STREET
5UITE 1120
MIAMI, FL 33131 US

MIAMI, FL 33131 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: MANUEL ZAIAC 02/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PTSD (X) Change () Addition LEHRER, RAFAEL LEHRER, DAVID P PSTD Name: Name: 625 BILTMORE WAY #203 625 BILTMORE WAY #203 Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33134 US

Title: TD () Delete Title: N/A (X) Change () Addition

 Name:
 LEHRER, DAVID
 Name:
 N/A, N/A

 Address:
 20801 BISCAYNE BLVD #433
 Address:
 N/A

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL

Title: V (X) Delete Title: () Change () Addition

 Name:
 LEHRER, MAURICIO
 Name:

 Address:
 625 BILTMORE WAY #203
 Address:

 City-St-Zip:
 CORAL GABLES, FL
 City-St-Zip:

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: DAVID LEHRER PTSD 02/04/2009