

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002774

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

## Current Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.  
SUITE 1101  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.  
SUITE 1101  
COCONUT GROVE, FL 33133

## New Mailing Address:

FEI Number: 65-0586176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUCZUNSKI, PEDRO-PABLO  
2665 S. BAYSHORE DRIVE  
#1101  
COCONUT GROVE, FL 33133 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KUCZYNSKI, PEDRO P  
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: STMD ( ) Delete  
Name: SEPULVEDA, GERARDO  
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: C ( ) Delete  
Name: DARE, JOHN  
Address: 60 LONDON WALL  
City-St-Zip: LONDON ENGLAND, EC2M 5TQ EN

Title: MD ( ) Delete  
Name: ELEJALDE, EDUARDO  
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MD ( ) Delete  
Name: MONTERO, FERNANDO  
Address: GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101  
City-St-Zip: COCONUT GROVE, FL 33133

## 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:

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: EDUARDO ELEJALDE

MD

01/06/2006

Electronic Signature of Signing Officer or Director

Date