2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# F95000002774

Entity Name: BARING LATIN AMERICA CAPITAL CORPORATION, INC.

Current Principal Place of Business:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 715
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

GRAND BAY PLAZA, 2665 S. BAYSHORE DR.
SUITE 715
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
#715
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 #715	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	STMD	( ) Delete
Name:	SEPULVEDA, GERARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MD	( ) Delete
Name:	ELEJALDE, EDUARDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MD	( ) Delete
Name:	MONTERO, FERNANDO	
Address:	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #715	
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:	

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: GERARDO SEPULVEDA STMD 04/16/2008

Electronic Signature of Signing Officer or Director — Date