

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000005522 1. Entity Name BANCO COLPATRIA RED MULTIBANCA COLPATRIA S.A.	
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Principal Place of Business CARRERA 7, NO. 24 - 89, PISO 10 SANTAFE DE BOGOTA, COLOMBIA,	Mailing Address 801 BRICKELL AVE STE 2360 MIAMI, FL 33131
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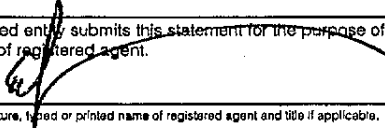


01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2132166	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ONORO, EDGARDO 801 BRICKELL AVE STE 2360 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.	SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable.	NOTE: Registered Agent signature required when reinstating)	1/10/05 DATE
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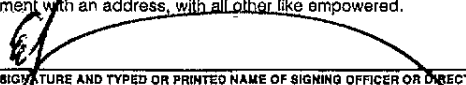
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ECHEVERRI, ANGELA M CARRERA 10, NO. 24 - 49, OF. 2006 SANTAFE DE BOGOTA, COLOMBIA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESCOBAR, CARLOS CALLE 81A NO. 8-23 SANTAFE DE BOGOTA, COLOMBIA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE LA TORRE LAGO, RAMON CALLE 100 NO. 8A-55 TORRE C, OFICINA 718 SANTAFE DE BOGOTA, COLOMBIA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PACHECO-CORTES, EDUARDO CARRERA 7A, NO. 24 - 89, PISO 43 SANTAFE DE BOGOTA, COLOMBIA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANTIAGO, PERDOMO CARRERA 7, NO. 24 - 89, PISO 10 SANTAFE DE BOGOTA, COLOMBIA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANTOS, JAIME E CARRERA 7A, NO. 24 - 89, PISO 43 SANTAFE DE BOGOTA, COLOMBIA,

000000179744
01/13/05-80030-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/10/05 Date	Daytime Phone #
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