2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005522

1. *Entity Name*
BANCO COLPATRIA RED MULTIBANCA COLPATRIA S.A.

Principal Place of Business	Mailing Address
CARRERA 7, NO. 24 - 89, PISO 10 SANTAFE DE BOGOTA, COLOMBIA,	801 BRICKELL AVE STE 2360 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000418494
02/14/06-80010-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECHEVERRI, ANGELA M
STREET ADDRESS	CARRERA 10, NO. 24 - 49, OF. 2006
CITY-ST-ZIP	SANTAFE DE BOGOTA, COLOMBIA,
TITLE	D
NAME	ESCOBAR, CARLOS
STREET ADDRESS	CALLE 81A NO. 8-23
CITY-ST-ZIP	SANTAFE DE BOGOTA, COLOMBIA,
TITLE	D
NAME	DE LA TORRE LAGO, RAMON
STREET ADDRESS	CALLE 100 NO. 8A-55 TORRE C, OFICINA 718
CITY-ST-ZIP	SANTAFE DE BOGOTA, COLOMBIA,
TITLE	P
NAME	PACHECO-CORTES, EDUARDO
STREET ADDRESS	CARRERA 7A, NO. 24 - 89, PISO 43
CITY-ST-ZIP	SANTAFE DE BOGOTA, COLOMBIA,
TITLE	V
NAME	SANTIAGO, PERDOMO
STREET ADDRESS	CARRERA 7, NO. 24 - 89, PISO 10
CITY-ST-ZIP	SANTAFE DE BOGOTA, COLOMBIA,
TITLE	S
NAME	SANTOS, JAIME E
STREET ADDRESS	CARRERA 7A, NO. 24 - 89, PISO 43
CITY-ST-ZIP	SANTAFE DE BOGOTA, COLOMBIA,

DO NOT WRITE IN THIS SPACE

12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 01/09/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #