2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90039 018 ***158.75

DOCUMENT # G39117

1. Entity Name
INTEROCEANICA AGENCY, INC.

Principal Place of Business	Mailing Address
550 BILTMORE WAY SUITE 730 CORAL GABLES, FL 33134	550 BILTMORE WAY SUITE 730 CORAL GABLES, FL 33134

01162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
550 BILTMORE WAY	550 BILTMORE WAY
Suite, Apt. #, etc.: SUITE-780	Suite, Apt. #, etc.: SUITE 780
City & State: CORAL GABLES, FLORIDA	City & State: CORAL GABLES, FLORIDA
Zip: -33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 59-2298580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO AGUDELO, CARLOS I 550 BILTMORE WAY STE 730 MIAMI, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PALACIO, IVAN D CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CALLEJAS, MARIA E CALLE 52 #47-42 PISO 16 MEDILLIN, COLOMBIA SA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAVIRIA, GUILLERMO CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRIQUEZ, GUILLERMO CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEJIA, IVAN CALLE 52 #47-42 PISO 16 MEDELLIN, COLOMBIA SA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Agudelo CARLOS I AGUDELO 1/16/08 **305-529-1285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #