2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P08000056022

Entity Name: NIBOR COMMODITIES, INC.

Current Principal Place of Business:

1508 BAY RD
APT 677
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-2764799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 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: PS ( ) Delete
Name: PARADEDA, MARIANO
Address: 1508 BAY RD APT 677
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PARADEDA, MARIANO
Address: 1508 BAY RD APT 677
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: STD ( ) Change (X) Addition
Name: GARCIA, ANTONIO
Address: 2121 PONCE DE LEON BLVD SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D ( ) Change (X) Addition
Name: VALDERRAMA-MONTOYA, MAURICIO
Address: CARRERA 68B #95-80 TORRE 3 APT 303
City-St-Zip: BOGOTA, COLOMBIA, DC

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: ANTONIO GARCIA ST 02/17/2009

Electronic Signature of Signing Officer or Director Date