


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90027 035 \*\*\*158.75

<b>DOCUMENT # S39688</b> 1. Entity Name <b>PROBAN INTERNATIONAL CORPORATION</b>					
Principal Place of Business <b>CL. 16 B S # 42-97</b> <b>MEDELLIN, COLUMBIA, OC</b>			Mailing Address <b>FROST BROWN TODD, C/O BARRY HUNTER</b> <b>250 WEST MAIN ST., SUITE 2700</b> <b>LEXINGTON, KY 40507</b>		
2. Principal Place of Business - No P.O. Box # <b>Calle 52 No.47-42</b>		3. Mailing Address  			
Suite, Apt. #, etc. <b>Piso 16</b>		Suite, Apt. #, etc.  			
City & State <b>Medellin</b>		City & State  		4. FEI Number <b>65-0250772</b>	
Zip  		Country <b>Colombia</b>		Zip  	
Country  		Country  		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERKOWITZ DICK POLLACK &amp; BRANT</b> <b>200 SOUTH BISCAYNE BLVD, 6 FLR</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MORENO, FRANCISCO CL. 16 B S # 42-97 MEDELLIN, COLUMBIA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GAVIRIA, GUILLERMO Calle 52 No.47-42, P.16 MEDELLIN, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VELEZ, JUAN ANTONIO CL. 16 B S # 42-97 MEDELLIN, COLUMBIA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARANGO, LUIS FERNANDO Calle 52 No.47-42, P.16 MEDELLIN, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALVAREZ, MAURICIO CL. 16 B S # 42-97 MEDELLIN, COLUMBIA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MEJIA, IVAN Calle 52 No.47-42, P.16 MEDELLIN, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, LUIS B CL. 16 B S # 42-97 MEDELLIN, COLOMBIA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RESTREPO, FABIO Calle 52 No.47-42, P.16 MEDELLIN, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARANGO, LUIS F CALLE 16 B S #42-97 MEDELLIN, COLOMBIA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVA, JOSE Calle 52 No.47-42, P.16 MEDELLIN, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUILLERMO, HENRIQUEZ CALLE 16 B S #42-97 MEDELLIN, COLOMBIA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRIQUEZ, GUILLERMO Calle 52 No.47-42, P.16 MEDELLIN, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <b>LUIS FERNANDO ARANGO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					