


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90160 004 \*\*\*150.00

**DOCUMENT # F00000006801**

1. Entity Name  
**SANTANDER SECURITIES CORPORATION OF PUERTO RICO**



Principal Place of Business  
**221 PONCE DE LEON AVENUE  
 SUITE 600  
 SAN JUAN, PR 00917**

Mailing Address  
**221 PONCE DE LEON AVENUE  
 SUITE 600  
 SAN JUAN, PR 00917**

**54052697**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**66-0534068** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, JOSE R</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CASTANER, IVAN F</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GARCIA, CARLOS M</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MAURTUA, MANUAL A</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ROIG, LUIS R</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MENDEZ, JESUS F</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE. STE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 009171825</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAPACETE, CARLOS</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917-1825</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WATSON, JOHN</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917-1825</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BATLLE, JUAN CARLOS</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917-1825</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>UBARRI, ENRIQUE</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917-1825</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUAREZ, ANA</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PR 00917-1825</b>	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, JOSE R.</b>	
STREET ADDRESS	<b>221 PONCE DE LEON AVE., SUITE 600</b>	
CITY-ST-ZIP	<b>SAN JUAN, PPR 00917-1825</b>	

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

**4/30/04** **787-757-5328**  
 Date Daytime Phone #