


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90181 023 ***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
---	---

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



02162005 Chg-P CR2E034 (10/03)

4. FEI Number 66-0534068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GONZALEZ, JOSE R 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, JESUS F. 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917-1825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANER, IVAN F 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPACETE, CARLOS 221PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917-1825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS M 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JOHN 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917-1825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURTUA, MANUAL A 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATLLE, JUAN CARLOS 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917-1825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROIG, LUIS R 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UBARRI, ENRIQUE 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917-1825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GONZALEZ, JOSE R 221 PONCE DE LEON AVE. STE 600 SAN JUAN, PR 009171825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUAREZ, ANA 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN, PR 00917-1825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **03/04/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #