


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90229 024 ***150.00

DOCUMENT # F0000006801

1. Entity Name
SANTANDER SECURITIES CORPORATION OF PUERTO RICO



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

2. Principal Place of Business 3. Mailing Address
Santander Tower B-7 **Santander Tower B-7**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Tabonuco St., Suite 1600 **Tabonuco St., Suite 1600**
 City & State City & State

Guaynabo, PR **Guaynabo, PR**
 Zip Zip Country Country

00968-3028 **00968-3028**

04262006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
66-0534068 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, 2006 Fee will be \$550.00

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D James Rodríguez Santander Tower B-7 Tabonuco Suite 1600 Guaynabo, PR 00968-3028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D John Watson Santander Tower B-7 Tabonuco Suite 1600 Guaynabo, PR 00968-3028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Juan Carlos Batlle Santander Tower B-7 Tabonuco Suite 1600 Guaynabo, PR 00968-3028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Eduardo Inclán Santander Tower B-7 Tabonuco Suite 1600 Guaynabo, PR 00968-3028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Rafael Bonilla Santander Tower B-7 Tabonuco Suite 1600 Guaynabo, PR 00968-3028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Ana Suarez Santander Tower B-7 TABonuco Suite 1600 Guaynabo, PR 00968-3028

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:  **4/27/06** Date Daytime Phone #