


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004492 1. Entity Name BANCO DE CREDITO DEL PERU	
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Principal Place of Business 121 ALHAMBRA PLAZA SUITE 1200 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZA SUITE 1200 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLAND & KNIGHT LLP
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33131**

DO NOT WRITE
IN THIS SPACE

6. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

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	C
NAME	ROMERO, DIONISIO
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VC
NAME	NICOLINI, LUIS
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	CAMET, JORGE
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	FORT, FERNANDO
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	LLOSA, REYNALDO
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	NIERI, LUIS
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI, FL 33131

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U00000462842
03/21/06-80051-024 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marta E. Lopez 3/9/06 305-4480971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #