

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004492

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: BANCO DE CREDITO DEL PERU

## Current Principal Place of Business:

121 ALHAMBRA PLAZA  
SUITE 1200  
CORAL GABLES, FL 33134

## New Principal Place of Business:

121 ALHAMBRA PLAZA  
SUITE 1200  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 13-2994246      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: ROMERO, DIONISIO  
Address: 121 ALHAMBRA PLAZA, SUITE 1200  
City-St-Zip: CORAL GABLES, FL 33134

Title: VC ( ) Delete  
Name: NICOLINI, LUIS  
Address: 121 ALHAMBRA PLAZA, SUITE 1200  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: CAMET, JORGE  
Address: 121 ALHAMBRA PLAZA, SUITE 1200  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: FORT, FERNANDO  
Address: 121 ALHAMBRA PLAZA, SUITE 1200  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: LLOSA, REYNALDO  
Address: 121 ALHAMBRA PLAZA, SUITE 1200  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: NIERI, LUIS  
Address: 121 ALHAMBRA PLAZA, SUITE 1200  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CIGUEÑAS, BENEDICTO  
Address: 121 ALHAMBRA PLAZA, SUITE 1200  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIONISIO ROMERO

C

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date