

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 041 ***158.75



DOCUMENT # 845964
 1. Entity Name
BANCO SANTANDER CENTRAL HISPANO, S.A.

Principal Place of Business 1401 BRICKELL AVENUE SUITE 1500 MIAMI, FL 33131 US	Mailing Address 1401 BRICKELL AVENUE SUITE 1500 MIAMI, FL 33131 US
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40108908



06052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2617929	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAMIL-MOREL, JOHN
 C/O BANCO SANTANDER INTERNATIONAL
 1401 BRICKELL AVENUE, SUITE 1500
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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: *John Villamil* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAENZ, ALFREDO PLAZA DE CANALEJAS, 1 MADRID, SP 28001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOTIN, EMILIO PLAZA CANALEJAS, 1 MADRID, SP 28014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DE LAS HERAS, GONZALO 45 EAST 53RD STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **6/05/08 (305) 5302916**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #