

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004642

FILED
Apr 28, 2008
Secretary of State

Entity Name: BANCO PASTOR S.A.

Current Principal Place of Business:

CANTON PEQUENO, 1-15003 A CORUNA
SPAIN,

New Principal Place of Business:

C/O TWO SOUTH BISCAYNE BLVD
SUITE 1500
MIAMI, FL 33131 US

Current Mailing Address:

806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134

New Mailing Address:

C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: 98-6355566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORP. SERVICES, INC
806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

REGISTERED AGENT CORP. SERVICES, INC
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

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: BETSY PARENTI, ASSIST. SECRETARY

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ARIAS MOSQUERA, JOSE MARIA
Address: CANTON PEQUENO, 1-15003 A CORUNA
City-St-Zip: SPAIN,

Title: D () Delete
Name: ARIAS MOSQUERA, VICENTE
Address: CANTON PEQUENO, 1-15003 A CORUNA
City-St-Zip: SPAIN,

Title: D () Delete
Name: SAN MARTIN LOSADA, MIGUEL
Address: CANTON PEQUENO, 1-150003, A CORUNA
City-St-Zip: SPAIN,

Title: D () Delete
Name: VAZQUEZ MARINO, JOSE LUIS
Address: CANTON PEQUENO, 1-15003 A CORUNA
City-St-Zip: SPAIN,

Title: D () Delete
Name: GOST GIJON, JORCE
Address: CANTON PEQUENO, 1-15003 A CORUNA
City-St-Zip: SPAIN,

Title: D () Delete
Name: PORRAS DE CORRAL, ALFONSO
Address: CANTON PEQUENO A, 15003 A CORNINA
City-St-Zip: SPAIN,

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

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: MIGUEL SAN MARTIN LOSADA

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date