


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000000564**

1. Entity Name  
**SANTANDER PRIVATE ADVISORS LTD.**  
**(INCORPORATED)**



Principal Place of Business <b>1401 BRICKELL AVE</b> <b>SUITE 600</b> <b>MIAMI, FL 33131</b>	Mailing Address <b>1401 BRICKELL AVE</b> <b>SUITE 600</b> <b>MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>52-2204895</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOLA, MARIANO**  
**1401 BRICKELL AVE**  
**SUITE 600**  
**MIAMI, FL 33131**

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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, 2008 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	PD MACEDA, JOSE M AVE. CANTA. SIN NUM. BOHA. DEL.MONTE MADRID, SP 28660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOLA, MARIANO 1401 BRICKELL AVE., STE 540 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LAS HERAS, GONZALO 45 E. 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	

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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:** \_\_\_\_\_ **02-19-08** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #