

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001098

FILED
Apr 23, 2008
Secretary of State

Entity Name: CAJA DE AHORROS Y MONTE DE PIEDAD DE MADRID

Current Principal Place of Business:

PLAZA DE CELENQUE NO. 2, 28013
MADRID, SPAIN, XX XX XX

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

New Mailing Address:

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

FEI Number: 36-4489411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD
SUITE 1225
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: ALCIDES AVILA

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BLES A DE LA PARRA, MIGUEL
Address: 701 BRICKELL AVE., SUITE 2000
City-St-Zip: MIAMI, FL 33131

Title: CDC () Delete
Name: ESPINAR GALLEGO, RAMON
Address: 701 BRICKELL AVE., SUITE 2000
City-St-Zip: MIAMI, FL 33131

Title: CDC () Delete
Name: MORAL SANTIN, JOSE A
Address: 701 BRICKELL AVE., SUITE 2000
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: DE LA TORRE MARTINEZ, ENRIQUE
Address: 701 BRICKELL AVE., SUITE 2000
City-St-Zip: MIAMI, FL 33131

Title: DS () Delete
Name: ESPINOSA NAVAS, VICENTE
Address: 701 BRICKELL AVE., SUITE 2000
City-St-Zip: MIAMI, FL 33131

Title: GM () Delete
Name: AMAT ROCA, MATIAS
Address: 701 BRICKELL AVE., SUITE 2000
City-St-Zip: MIAMI, FL 33131

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:

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Address:
City-St-Zip:

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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 BLES A DE LA PARRA

CD

04/23/2008

Electronic Signature of Signing Officer or Director

Date