

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004813

FILED
Apr 20, 2009
Secretary of State

Entity Name: CAJA DE AHORROS DEL MEDITERRANEO

Current Principal Place of Business:

AVDA OSCAR ESPLA 37
ALICANTE SPAIN, OC 03007 XX

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 98-0496931 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: SVGMM () Delete
Name: FUENTES ALVAREZ, DARIO
Address: 701 BRICKELL AVE SUITE 1750
City-St-Zip: MIAMI, FL 33131 US

Title: VDGM () Delete
Name: FERNANDEZ DE CORDOBA, RICARDO
Address: 701 BRICKELL AVE SUITE 1750
City-St-Zip: MIAMI, FL 33131 US

Title: VOM () Delete
Name: BENITES, GUILLERMO
Address: 701 BRICKELL AVE SUITE 1750
City-St-Zip: MIAMI, FL 33131 US

Title: GD () Delete
Name: LOPEZ ABAD, ROBERTO
Address: 701 BRICKELL AVE SUITE 1750
City-St-Zip: MIAMI, FL 33131 US

Title: DGR () Delete
Name: AMOROS MARCO, MARIA D
Address: 701 BRICKELL AVE SUITE 1750
City-St-Zip: MIAMI, FL 33131 US

Title: DF () Delete
Name: PINA GALIANA, JOSE
Address: 701 BRICKELL AVE SUITE 1750
City-St-Zip: MIAMI, FL 33131 US

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
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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: GUILLERMO BENITES

VOM

04/20/2009

Electronic Signature of Signing Officer or Director

Date