2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000001448

1. Entity Name
BANCO DE SABADELL, S.A.

Principal Place of Business	Mailing Address
701 BRICKELL AVE STE 2100 MIAMI, FL 33131 US	701 BRICKELL AVE STE 2100 MIAMI, FL 33131 US

04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0274511
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LLADO-VILA, MAURICI
701 BRICKELL AVENUE, SUITE 2100
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	OLIU CREUS, JOSEP
STREET ADDRESS	RIERACOMO CLARA 15 B
CITY-ST-ZIP	AVELLA, SPAIN, 08328
TITLE	M
NAME	NIN GENOVA, JUAN M
STREET ADDRESS	PLAZA CATALUNYA 7
CITY-ST-ZIP	SABADELL, SPAIN, SP 08021
TITLE	M
NAME	PERMANYER CUNILLERA, JOSE
STREET ADDRESS	PLAZA CATALUNYA 7
CITY-ST-ZIP	SABADELL, SPAIN, SP 08021
TITLE	SV
NAME	LLADO-VILA, MAURICI
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 2100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80070-004 158.75

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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: Maurici Lladó S.V.P. 04/16/07 3053501200
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #