

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000001563

1. Entity Name
CAJA DE AHORROS DE VALENCIA, CASTELLON Y
ALICANTE, BANCAJA



Principal Place of Business

1395 BRICKELL AVENUE
#950
MIAMI, FL 33131

Mailing Address

1395 BRICKELL AVENUE
#950
MIAMI, FL 33131



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2088668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ LLUCH, GUILLERMO
801 BRICKELL AVE
2320
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	CD
NAME	OLIVAS, JOSE LUIS
STREET ADDRESS	CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP	VALENCIA SPAIN,
TITLE	VD
NAME	TIRADO, ANTONIO J
STREET ADDRESS	CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP	VALENCIA SPAIN,
TITLE	VD
NAME	ZARZUELA, ANA I
STREET ADDRESS	CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP	VALENCIA SPAIN,
TITLE	VD
NAME	BONET AGUILAR, ERNESTO
STREET ADDRESS	CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP	VALENCIA SPAIN,
TITLE	VD
NAME	VIROSQUE RUIZ, ARTURO
STREET ADDRESS	CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP	VALENCIA SPAIN,
TITLE	M
NAME	GARCIA-CHECA, JOSE F
STREET ADDRESS	CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP	VALENCIA SPAIN,

U00000646820
03/06/07-80046-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 358-2255