

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001563

FILED
Jan 06, 2009
Secretary of State

Entity Name: CAJA DE AHORROS DE VALENCIA, CASTELLON Y ALICANTE, BANCAJA

Current Principal Place of Business:

1395 BRICKELL AVENUE
#950
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVENUE
#950
MIAMI, FL 33131

New Mailing Address:

FEI Number: 52-2088668 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTINEZ LLUCH, GUILLERMO
1395 BRICKELL AVE STE 950
MIAMI, FL 33131 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: CD () Delete
Name: OLIVAS, JOSE LUIS
Address: CALLE PINTOR SOROLLA 8,
City-St-Zip: VALENCIA SPAIN,

Title: VD () Delete
Name: TIRADO, ANTONIO J
Address: CALLE PINTOR SOROLLA 8,
City-St-Zip: VALENCIA SPAIN,

Title: VD () Delete
Name: ZARZUELA, ANA I
Address: CALLE PINTOR SOROLLA 8,
City-St-Zip: VALENCIA SPAIN,

Title: VD () Delete
Name: BONET AGUILAR, ERNESTO
Address: CALLE PINTOR SOROLLA 8,
City-St-Zip: VALENCIA SPAIN,

Title: VD () Delete
Name: VIROSQUE RUIZ, ARTURO
Address: CALLE PINTOR SOROLLA 8,
City-St-Zip: VALENCIA SPAIN,

Title: M () Delete
Name: IZQUIERDO, AURELIO
Address: CALLE PINTO SOROLLA 8
City-St-Zip: VALENCIA SPAIN,

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
Name:
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 MARTINEZ LLUCH

GM

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date