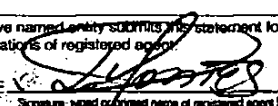
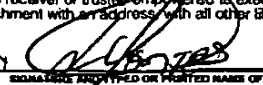


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90001 035 ***150.00

DOCUMENT # M13282			
1. Entity Name SANTANDER RETIREMENT CORP.			
Principal Place of Business 1702 SW 102 PL MIAMI, FL 33165		Mailing Address 14287 SW 21 TERRACE MIAMI, FL 33173	
2. Principal Place of Business 1702 SW 102 PL		3. Mailing Address 1702 SW 102 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33165	Country	Zip 33165	Country
4. FEI Number 59-2515107		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTANDER, ANTONIO 1702 SW 102ND PLACE MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Montes, Luis Street Address (P.O. Box Number is Not Acceptable) 1702 SW 102 PL City Miami FL Zip Code 33165	
8. The above named entity submits the 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 4/18/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD ☐ Delete NAME MONTE, LUIS STREET ADDRESS 12021 SW 31 TERRACE CITY - ST - ZIP MIAMI, FL 33175		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
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: 		DATE 4/18/06 (30r)	