## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000094979

City-St-Zip:

Entity Name: CREDICORP SECURITIES, INC

FILED Apr 16, 2007 Secretary of State

y	c. CREBICO	u oloomil	.0, 11 (0.				
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 120		24 110					
	ABLES, FL 331:						
Current M	lailing Address	:		New Maili	ng Addres	s:	
SUITE 120	MBRA PLAZA )0 ABLES, FL 331:	34 US					
FEI Number:	: 41-2047925	FEI Number App	olied For ( )	FEI Number Not App	licable ( )	Certificate of Status	s Desired ( )
Name and	l Address of Cu	ırrent Registeı	red Agent:	Name and	Address	of New Registered A	gent:
	ATE REGISTERI KELL AVE., SUIT 33131 US		RPORATION				
	named entity su e of Florida.	ubmits this state	ement for the p	urpose of changing i	ts registere	ed office or registered	agent, or both,
SIGNATUR	RE:						
	Electronic	Signature of R	Registered Age	nt		Date	
Election Car	mpaign Financing	Trust Fund Contr	ibution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	MUNOZ, CARLO	PLAZA, SUITE 120	00	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MAGGIOLO, JAV	PLAZA, SUITE 120	00	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ), JAVIER IBRA PLAZA, SUITE 1200 BLES, FL 33134	
Title: Name: Address: City-St-Zip:	D ()E MONTERO, FERI 701 BRICKELL A MIAMI, FL 3313	VE., SUITE 3000		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	( )	Delete		Title: Name: Address:	GMGR CORREA, A 121 ALHAN	( ) Change (X) Addition ALVARO IBRA PLAZA, SUITE 1200	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: ALVARO CORREA GMGR 04/16/2007

CORAL GABLES, FL 33134