

5/2
7/1**FILED**
Aug 08, 2008 8:00 am
Secretary of State07-18-2008 90013 031 ***150.00
05-02-2008 90183 005 ***150.00**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P07000063488**1. Entity Name
SANTANDER CORP.Principal Place of Business
**8872 S.W. 24TH ST (CORAL WAY)
MIAMI, FL 33165**Mailing Address
**8872 S.W. 24TH ST (CORAL WAY)
MIAMI, FL 33165****66015834**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-0734829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ENGELD
8872 S.W. 24TH ST (CORAL WAY)
MIAMI, FL 33165**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date of filing

NOTE: Registered Agent signature is required when necessary

DATE

**FILE NOW! FEE IS \$150.00
Due by September 12, 2008**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn accordance with s. 807.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
RODRIGUEZ, ENGELD G
8872 S.W. 24TH ST (CORAL WAY)
MIAMI, FL 33165**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
RODRIGUEZ, YAMILET
8872 S.W. 24TH ST (CORAL WAY)
MIAMI, FL 33165**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 employment.

SIGNATURE: