

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001098

FILED  
Feb 26, 2006  
Secretary of State

Entity Name: CAJA DE AHORROS Y MONTE DE PIEDAD DE MADRID

## Current Principal Place of Business:

PLAZA DE CELENQUE NO. 2, 28013  
MADRID, SPAIN,

## New Principal Place of Business:

PLAZA DE CELENQUE NO. 2, 28013  
MADRID, SPAIN, XX XX XX

## Current Mailing Address:

% 701 BRICKELL AVE., SUITE 3000  
MIAMI, FL 33131

## New Mailing Address:

701 BRICKELL AVE., SUITE 3000  
MIAMI, FL 33131

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
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: BLES A DE LA PARRA, MIGUEL  
Address: % 701 BRICKELL AVE., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: CDC ( ) Delete  
Name: ESPINAR GALLEG O, RAMON  
Address: % 701 BRICKELL AVE., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: CDC ( ) Delete  
Name: MORAL SANTIN, JOSE A  
Address: % 701 BRICKELL AVE., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete  
Name: DE LA TORRE MARTINEZ, ENRIQUE  
Address: % 701 BRICKELL AVE., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: DS ( ) Delete  
Name: ESPINOSA NAVAS, VICENTE  
Address: % 701 BRICKELL AVE., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: GM ( ) Delete  
Name: AMAT ROCA, MATIAS  
Address: % 701 BRICKELL AVE., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

## 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 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: JOSE CUETO

Electronic Signature of Signing Officer or Director

VP

02/26/2006

\_\_\_\_\_ Date