

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714354

**FILED**  
**Jan 05, 2004**  
**Secretary of State**

**Entity Name:** CAMARA DE COMERCIO LATINA DE LOS ESTADOS UNIDOS (CAMACOL), INC.

**Current Principal Place of Business:**

1417 W FLAGLER ST  
MIAMI, FL 33135 US

**New Principal Place of Business:**

**Current Mailing Address:**

1417 W FLAGLER ST  
MIAMI, FL 33135 US

**New Mailing Address:**

FEI Number: 59-1232945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALEXANDER, WILLIAM  
1417 W. FLAGLER ST.  
MIAMI, FL 33135 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

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: VEGA, MANUEL,  
Address: 470 NW 32ND PLACE  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: NARANJO, ORLANDO  
Address: 1650 SW 17 ST  
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete  
Name: ALEXANDER, WILLIAM  
Address: 1417 W FLAGLER ST  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: VEGA, MANUEL  
Address: 470 NW 32ND PLACE  
City-St-Zip: MIAMI, FL

Title: TD (X) Change ( ) Addition  
Name: JOSE, FONT A  
Address: 1650 SW 17 ST  
City-St-Zip: MIAMI, FL

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ALEXANDER

PD

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date