

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 23, 2008
Secretary of State**

DOCUMENT# 714354

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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: CHI, JOE L
Address: 2719 NW 24 ST.
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: JOSE, FONT A
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

Title: VP () Delete
Name: GUTIERREZ, MARIO
Address: 1417 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135

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:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ALEXANDER

PT

06/23/2008

Electronic Signature of Signing Officer or Director

_____ Date