


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90041 042 ****70.00

DOCUMENT # N00000000333	
1. Entity Name CAMACOL LOAN FUND INC.	

Principal Place of Business 1417 WEST FLAGLER STREET THIRD FLOOR MIAMI, FL 33135	Mailing Address 1417 WEST FLAGLER STREET THIRD FLOOR MIAMI, FL 33135
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60013333

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number 36-4342205		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FONT, JOSE ANTONIO 1417 WEST FLAGLER THIRD FLR. MIAMI, FL 33135		Name ADOLFO D. MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 1417 WEST FLAGLER STREET? THIRD FLOOR, City MIAMI FL Zip Code 33135	

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 *Adolfo Martinez, Executive Director* 2/06/2006
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, WILLIAM 1417 WEST FLAGLER STREET MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUERVO, LUIS G. 2801 PONCE DE LEON BLVD., STE. 700, CORAL GABLES, FLORIDA 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISNEROS, PABLO PEREZ 1420 BRICKELL BAY DR., #308 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, RICARDO 3800 W. BROWARD BLVD., STE. 101 FT. LAUDERDALE, FLORIDA 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALVAREZ, FAUSTO 2828 CORAL WAY, STE. 300 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ADOLFO D. 9230 SW, 36 STREET, MIAMI, FLORIDA 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONT, JOSE ANTONIO 9921 COAST DEL SOL BLVD. MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKE, RUBEN 2320 NW 182 TERRACE MIAMI, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAVARRO, MARCEL 5959 NW 37TH AVE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 empowered.

SIGNATURE: *Adolfo Martinez* Adolfo D. Martinez 2/6/2006 (305) 642-7472
(NOTE: Signature and typed or printed name of signing officer or director)