

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90059 029 ****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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

36-4342205

Applied For

Not Applicable

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

MARTINEZ, ADOLFO D
1417 WEST FLAGLER STREET
THIRD FLOOR
MIAMI FL 33135

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

Adolfo Martinez Executive Director

DATE

1/29/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

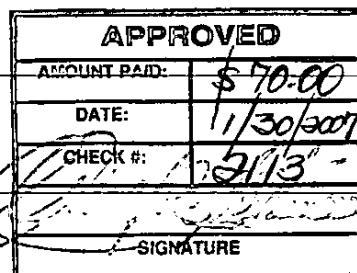
**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, WILLIAM	
STREET ADDRESS	1417 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	CISNEROS, PABLO PEREZ	
STREET ADDRESS	1420 BRICKELL BAY DR., #308	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	C	<input type="checkbox"/> Delete
NAME	ALVAREZ, FAUSTO	
STREET ADDRESS	2828 CORAL WAY, STE. 300	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	P	<input type="checkbox"/> Delete
NAME	FONT, JOSE ANTONIO	
STREET ADDRESS	9921 COAST DEL SOL BLVD.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURKE, RUBEN	
STREET ADDRESS	2320 NW 182 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T	<input type="checkbox"/> Delete
NAME	NAVARRO, MARCEL	
STREET ADDRESS	5959 NW 37TH AVE	
CITY-ST-ZIP	MIAMI FL 33142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUERVO, LUIS G.	
STREET ADDRESS	2801 PONCE DE LEON BLVD., STE 700,	
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, RICARDO	
STREET ADDRESS	3245 COLLEGE AVE., N	
CITY-ST-ZIP	DAVIE, FL 33314-7719	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, ADOLFO D.	
STREET ADDRESS	9230 SW 36 Street,	
CITY-ST-ZIP	MIAMI, FLORIDA 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07