

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90020 017 \*\*\*\*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

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**

**PAID**

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

**EXECUTIVE DIRECTOR**

**01/25/2008**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By: May 1, 2008**

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

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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
CUERVO, LUIS G.  
2801 PONCE DE LEON BLVD, STE 700,  
CORAL GABLES, FLORIDA 33134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
CISNEROS, PABLO PEREZ  
1420 BRICKELL BAY DR., #308  
MIAMI FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
MARTINEZ, RICARDO  
3245 COLLEGE AVE  
DAVIE, FL 33314-7719** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**C  
ALVAREZ, FAUSTO  
2828 CORAL WAY, STE. 300  
MIAMI FL 33145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
MARTINEZ, ADOLFO D.  
9230 SW 36 ST.,  
MIAMI, FLORIDA 33165** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
FONT, JOSE ANTONIO  
9921 COAST DEL SOL BLVD.  
MIAMI FL 33178** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
FONT, JOSE ANTONIO  
9921 COAST DEL SOL BLVD.  
MIAMI, FLORIDA 33178** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
BURKE, RUBEN  
2320 NW 182 TERRACE  
MIAMI FL 33056** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
NAVARRO, MARCEL  
5959 NW 37TH AVE  
MIAMI FL 33142** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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:**

**01/25/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #