

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 10, 2009
Secretary of State

DOCUMENT# N00000000333

Entity Name: CAMACOL LOAN FUND INC.**Current Principal Place of Business:**735 NW 22 AVENUE
MIAMI, FL 33125**New Principal Place of Business:****Current Mailing Address:**735 NW 22 AVENUE
MIAMI, FL 33125**New Mailing Address:****FEI Number:** 36-4342205**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTINEZ, ADOLFO D
735 NW 22 AVENUE,
MIAMI, FL 33125 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:** T () Delete
Name: ALEXANDER, WILLIAM
Address: 735 NW 22 AVENUE
City-St-Zip: MIAMI, FL 33125**Title:** S () Delete
Name: ADOLFO D., MARTINEZ
Address: 735 NW 22 AVENUE,
City-St-Zip: MIAMI, FL 33125**Title:** C () Delete
Name: ALVAREZ, FAUSTO
Address: 735 NW, 22 AVENUE
City-St-Zip: MIAMI, FL 33125**Title:** D () Delete
Name: FONT JOSE, ANTONIO
Address: 735 NW 22 AVENUE,
City-St-Zip: MIAMI, FL 33125**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: LUIS, CUERVO
Address: 735 NW 22 AVENUE,
City-St-Zip: MIAMI, FL 33125**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: ADOLFO D. MARTINEZ

D

08/10/2009

Electronic Signature of Signing Officer or Director

Date