

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000004314

1. Entity Name
LOYOLA GLOBAL HEMISPHERIC INVESTMENT, INC.



Principal Place of Business
1970 E. OSCEOLA PKWY., SUITE 361
KISSIMMEE, FL 34744

Mailing Address
1970 E. OSCEOLA PKWY., SUITE 361
KISSIMMEE, FL 34744

FILED
Jun 18, 2008 08:00 AM
Secretary of State



06122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0028615

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMEY, MARCELL D
261 HIDDEN SPRINGS CIR
KISSIMMEE, FL 34743

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CAMEY, MARCELL D
261 HIDDEN SPRINGS CIR
KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CAMEY, MICHAEL
261 HIDDEN SPRINGS CIR
KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000953206
06/18/08-80001-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #