

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151378

FILED
Jan 12, 2009
Secretary of State

Entity Name: CREACION DE CAPITALES FUND I, INC.

Current Principal Place of Business:

CALLES 33 Y 35, AVENIDA 7
BARRIO ESCALANTE, SAN JOSE, COSTA RICA
SAN JOSE, XX COSTA

New Principal Place of Business:

CALLES 33 Y 35, AVENIDA 7
BARRIO ESCALANTE
SAN JOSE COSTA RICA, XX XX

Current Mailing Address:

C/O K. TAYLOR WHITE 150 W. FLAGLER ST.
SUITE 2200
MIAMI, FL 33130

New Mailing Address:

FEI Number: 20-4651988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, K. TAYLOR
STEARNS WEAVER MILLER WEISSLER ALHADEFF
150 W FLAGLER ST, SUITE 2200
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHOTOCRUZ ORTIZ, CARLOS
Address: CALLES 33 Y 35, AVENIDA 7, BARRIO ESCALANTE
City-St-Zip: SAN JOSE, COSTA RICA, XX

Title: DS () Delete
Name: ABARCA JIMENEZ, CARLOS
Address: CALLES 33 Y 35, AVENIDA 7, BARRIO ESCALANTE
City-St-Zip: SAN JOSE, COSTA RICA, XX

Title: DT () Delete
Name: GONZALEZ CAMACHO, CARLOS
Address: CALLES 33 Y 35, AVENIDA 7, BARRIO ESCALANTE
City-St-Zip: SAN JOSE, COSTA RICA, XX

Title: DV () Delete
Name: HERRERA RAVEN, JUAN CARLOS
Address: CALLES 33 Y 35, AVENIDA 7, BARRIO ESCALANTE
City-St-Zip: SAN JOSE, COSTA RICA, XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHOTOCRUZ ORTIZ, CARLOS
Address: CALLES 33 Y 35, AVENIDA 7, BARRIO ESCALANTE
City-St-Zip: SAN JOSE, COSTA RICA, XX XX

Title: DS (X) Change () Addition
Name: ABARCA JIMENEZ, CARLOS
Address: CALLES 33 Y 35, AVENIDA 7, BARRIO ESCALANTE
City-St-Zip: SAN JOSE, COSTA RICA, XX XX

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS CHOTOCRUZ ORTIZ

DP

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date