

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059140

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: HONDURAS CONSTRUCTION, INC.

**Current Principal Place of Business:**

1260 SKIPPER ROAD  
APT 100  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

4502 W. KNOX STREET  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 20-0977902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAZO, SAMUEL  
4502 W. KNOX STREET  
TAMPA, FL 33614 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: P ( ) Delete  
Name: ZUNIGA, RODMAN R  
Address: 1260 SKIPPER ROAD, APT. 100  
City-St-Zip: TAMPA, FL 33613 US

Title: VP ( ) Delete  
Name: MEDINA, MANUEL  
Address: 4502 W. KNOX STREET  
City-St-Zip: TAMPA, FL 33614 US

Title: SEC ( ) Delete  
Name: GARCIA, ALEJANDRO  
Address: 4502 W. KNOX STREET  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: OLIVAS, JOSE J  
Address: 4502 W. KNOX STREET  
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RODMAN ZUNIGA

PD

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date