

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097973

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: HONDUIIMPORT ENTERPRISES CORP

## Current Principal Place of Business:

5785 NW 112 TERRACE  
HIALEAH, FL 33012 US

## New Principal Place of Business:

12705 NW 42 AVE  
OPA LOCKA, FL 33154 US

## Current Mailing Address:

5785 NW 112 TERRACE  
HIALEAH, FL 33012 US

## New Mailing Address:

P.O. BOX 22489  
HIALEAH, FL 33002 US

FEI Number: 26-0839879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, CHESTER  
5785 NW 112 TERRACE  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

WILLIAMS, CHESTER  
12705 NW 42 AVE  
OPALOCKA, FL 33154 US

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: CHESTER WILLIAMS

01/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, CHESTER  
Address: 5785 NW 112 TERRACE  
City-St-Zip: HIALEAH, FL 33012 US

Title: VP ( ) Delete  
Name: ROSAS, LUIS F  
Address: 15801 W. WATERSIDE CIRCLE 23-102  
City-St-Zip: SUNRISE, FL 33326 US

Title: S ( ) Delete  
Name: WILLIAMS, RICARDO  
Address: 5785 NW 112 TERRACE  
City-St-Zip: HIALEAH, FL 33012 US

Title: T ( ) Delete  
Name: ROSAS, JESSICA Y  
Address: 15801 W. WATERSIDE CIRCLE 23-102  
City-St-Zip: SUNRISE, FL 33326 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, CHESTER  
Address: 12705 NW 42 AVE  
City-St-Zip: OPA LOCKA, FL 33154 US

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

Title: S (X) Change ( ) Addition  
Name: WILLIAMS, RICARDO  
Address: 12705 NW 42 AVE  
City-St-Zip: OPA LOCKA, FL 33154 US

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: CHESTER WILLIAMS

PRES

01/29/2008

Electronic Signature of Signing Officer or Director

Date