

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90075 046 \*\*\*150.00

<b>DOCUMENT # F05000005177</b>					
<b>1. Entity Name</b> BANCO FINANCIERA COMERCIAL HONDURENA, S.A. (BANCO FICOHSA) CORP.					
<b>Principal Place of Business</b> 2000 PONCE DE LEON BLVD. SUITE 639 CORAL GABLES, FL 33134			<b>Mailing Address</b> 1395 BRICKELL AVE., 14TH FL-JHF MIAMI, FL 33131-3302		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <u>20-4437728</u> <del>XXXXXXXXXX</del>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FRIEDHOFF, JOHN H ESQUIRE 1395 BRICKELL AVE., 14TH FL MIAMI, FL 33131-3302			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ATALA, CAMILO EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL TEGUCIGALPA, MDC HONDURAS,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ATALA, JAVIER EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL TEGUCIGALPA, MDC HONDURAS,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete STEFAN, SERGIO EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL TEGUCIGALPA, MDC HONDURAS,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete GIANNI, SANDRA EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL TEGUCIGALPA, MDC HONDURAS,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FARAJ, JORGE A EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL TEGUCIGALPA, MDC HONDURAS,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ATALA, JUAN C EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL TEGUCIGALPA, MDC HONDURAS,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 to an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			Date <u>4/17/08</u> Daytime Phone # <u>305 789-9240</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					