

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005177

FILED
Feb 19, 2009
Secretary of State

Entity Name: BANCO FINANCIERA COMERCIAL HONDURENA, S.A. (BANCO FICOHSA) CORP.

Current Principal Place of Business:

2000 PONCE DE LEON BLVD.
SUITE 639
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVE., 14TH FL-JHF
MIAMI, FL 331313302

New Mailing Address:

FEI Number: 20-4437728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDHOFF, JOHN H ESQUIRE
1395 BRICKELL AVE., 14TH FL
MIAMI, FL 331313302 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: ATALA, CAMILO
Address: EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL
City-St-Zip: TEGUCIGALPA, MDC HONDURAS,

Title: V () Delete
Name: ATALA, JAVIER
Address: EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL
City-St-Zip: TEGUCIGALPA, MDC HONDURAS,

Title: V () Delete
Name: STEFAN, SERGIO
Address: EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL
City-St-Zip: TEGUCIGALPA, MDC HONDURAS,

Title: V () Delete
Name: GIANNI, SANDRA
Address: EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL
City-St-Zip: TEGUCIGALPA, MDC HONDURAS,

Title: D () Delete
Name: FARAJ, JORGE A
Address: EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL
City-St-Zip: TEGUCIGALPA, MDC HONDURAS,

Title: D () Delete
Name: ATALA, JUAN C
Address: EDIFICIO PLAZA VICTORIA COL LAS COLINAS BL
City-St-Zip: TEGUCIGALPA, MDC HONDURAS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CAMILO ATALA

P

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date