

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|  |  |
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| <b>DOCUMENT # N98000006967</b>                         |  |
| 1. Entity Name<br><b>HONDURAS RELIEF EFFORTS, INC.</b> |  |



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| Principal Place of Business<br><b>3101 MCEWAN LA<br/>ORLANDO, FL 32812</b> | Mailing Address<br><b>3101 MCEWAN LA<br/>ORLANDO, FL 32812</b> |
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04172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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|---|--|
| 4. FEI Number<br><b>54-3547606</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**VELASQUEZ, CRISTINA  
3101 MCEWAN LA  
ORLANDO, FL 32812**

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IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000540700  
05/10/06-80028-014 61.25**

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>CHACON, JOSE ERNESTO<br/>3101 MCEWAN LANE<br/>ORLANDO, FL 32812</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VPD<br/>HOLBROOK, ANNA MARIA<br/>335 ROSWELL AVE.<br/>ORLANDO, FL 32803</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SD<br/>BROCATO, FRANCISCO<br/>3413 JON JON DR.<br/>ORLANDO, FL 32822</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jose Ernesto Chacon* **JOSE ERNESTO CHACON** **4/24/06 407-277-3167**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone