


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90277 044 ***150.00

DOCUMENT # P00000045629	
1. Entity Name HONDURAS RAG, CORP.	

Principal Place of Business 3300 N.W. 67 STREET MIAMI, FL 33147	Mailing Address 3300 N.W. 67 STREET MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



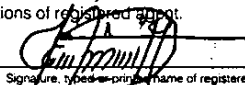
01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1009837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALTAMIRANO, JORGE LUIS 3300 N.W. 67 STREET MIAMI, FL 33147

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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  JIM ELOY MUÑOZ 04/11/05
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ALTAMIRANO, JORGE LUIS 3300 N.W. 67 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUNOZ, JIM <u>ELOY</u> 3300 N.W. 67 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE SECRETARY MARIELY MESA 3300 NW 67 STREET MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 with an address, with all other like empowered.

SIGNATURE:  JIM ELOY MUÑOZ 04/11/05 (305-698-8411)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #