

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017409

FILED  
May 01, 2007  
Secretary of State

Entity Name: ACEROS DA HONDURAS, INC.

## Current Principal Place of Business:

18210 HOLLISTER ROAD  
ORLANDO, FL 32820 US

## New Principal Place of Business:

2302 WOODS EDGE CIRCLE  
ORLANDO, FL 32817 US

## Current Mailing Address:

18210 HOLLISTER ROAD  
ORLANDO, FL 32820 US

## New Mailing Address:

2302 WOODS EDGE CIRCLE  
ORLANDO, FL 32817 US

FEI Number: 20-0656319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELCID, JOSE R  
182210 HOLLISTER ROAD  
ORLANDO, FL 32820 US

## Name and Address of New Registered Agent:

DELCID, JOSE R  
2302 WOODS EDGE CIRCLE  
ORLANDO, FL 32817 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: JOSE R DELCID

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete  
Name: DELCID, JOSE R  
Address: 18210 HOLLISTER ROAD  
City-St-Zip: ORLANDO, FL 32820 US

Title: VP ( ) Delete  
Name: GONZALES, ANTONIO  
Address: 18210 HOLLISTER ROAD  
City-St-Zip: ORLANDO, FL 32820 US

Title: T ( ) Delete  
Name: GIRON, GASPAR  
Address: 18210 HOLLISTER ROAD  
City-St-Zip: ORLANDO, FL 32820 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition  
Name: DELCID, JOSE R  
Address: 2302 WOODS EDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32817 US

Title: VP (X) Change ( ) Addition  
Name: GONZALES, ANTONIO  
Address: 2302 WOODS EDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32817 US

Title: T (X) Change ( ) Addition  
Name: GIRON, GASPAR  
Address: 2302 WOODS EDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32817 US

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: JOSE R DELCID

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date