


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90300 043 \*\*\*158.75

<b>DOCUMENT # P98000104724</b>					
<b>1. Entity Name</b> <b>ENCOMIENDAS A HONDURAS CORP.</b>					
<b>Principal Place of Business</b> 7401 NW 68 ST SUITE B7 MIAMI FL 33136 US		<b>Mailing Address</b> 6753 SW 88 ST APT B-110 MIAMI FL 33156 US			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> 20404 SW.85TH AVE. Suite, Apt. #, etc.			
<b>City &amp; State</b> City & State MIAMI, FL.		<b>4. FEI Number</b> 65-0884395		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 33189	<b>Country</b> USA.	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SUSSMAN, RICHARD JR 6753 SW 88TH APT B110 MIAMI FL 33156			<b>7. Name and Address of New Registered Agent</b> Name RICHARD SUSSMAN, JR. Street Address (P.O. Box Number is Not Acceptable) 20404 S.W.85 th ave. City MIAMI FL Zip Code 33189		
<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> SIGNATURE <u>RICHARD SUSSMAN, JR.</u> <i>Richard Sussman, Jr.</i> <u>03-29-04</u> <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, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</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>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SUSSMAN, VOLGN 6753 SW 88TH APT B110 MIAMI FL 33156	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JURGEN R. SUSSMAN PRESIDENT, 20404 SW.85TH AVE. MIAMI, FL. 33189
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SUSSMAN, RICHARD 6753 SW 88TH APT B-110 MIAMI FL 33156	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SUSSMAN I. VOLGA 20404 S.W.85TH ave. MIAMI, FL. 33189
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BESSIE O. SUSSMAN 20404 S.W.85 TH AVE. MIAMI, FL. 33189
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Dicky Sussman</i> <b>SUSSMAN VOLGA I.</b> <u>03-29-04</u> <u>786-218-9127</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					