

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003312

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC9535381231**

**Entity Name:** HONIRON CORPORATION

**Current Principal Place of Business:**

400 SOUTH CANAL STREET  
JEANERETTE, LA 70544

**Current Mailing Address:**

PO BOX 620  
JEANERETTE, LA 70544

**FEI Number:** 72-1400649

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POTIER, BENJAMIN  
3830 NORTH US 27 N.W.  
MOORE HAVEN, FL 33471 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name GIARDINA, JACOB ASR  
Address 400 S. CANAL ST.  
City-State-Zip: JEANERETTE LA

Title PCD  
Name GIARDINA, JACOB AJR  
Address 400 S. CANAL ST.  
City-State-Zip: JEANERETTE LA

Title D  
Name LOESKE, HELEN  
Address 400 S. CANAL ST.  
City-State-Zip: JEANERETTE LA

Title D  
Name GIARDINA, BENJAMIN  
Address 400 S CANAL STREET  
City-State-Zip: JEANERETTE LA 70544

Title D  
Name GIARDINA, ANTHONY  
Address 400 S CANAL STREET  
City-State-Zip: JEANERETTE LA 70544

*I hereby 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 all other like empowered.*

**SIGNATURE:** JACOB GIARDINA JR

**PRESIDENT**

**01/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date