

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90069 017 ***150.00

DOCUMENT # 331804

1. Entity Name
GANCEDO LUMBER CO., INC.



Principal Place of Business
**9300 NW 36TH AVENUE
MIAMI, FL 33147-2898**

Mailing Address
**9300 NW 36TH AVENUE
MIAMI, FL 33147-2898**

40055734



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1258476** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VILLAAMIL, ANTHONY, ESQ.
1611 SW 32ND AVENUE
MIAMI, FL 33145**

**DO NOT WRITE
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 _____
Signature, typed or printed 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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	PEREZ, IGNACIO
STREET ADDRESS	9300 NW 36TH AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	TV
NAME	PEREZ, ROLANDO
STREET ADDRESS	9300 NW 36TH AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	PD
NAME	PEREZ, MARTIN
STREET ADDRESS	9300 NW 36TH AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	SV
NAME	PEREZ, JOSE L (ASST)
STREET ADDRESS	9300 NW 36TH AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	DV
NAME	PEREZ, ANGELICA
STREET ADDRESS	9300 NW 36TH AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	SV
NAME	PEREZ, IGNACIO JR
STREET ADDRESS	9300 NW 36TH AVE
CITY - ST - ZIP	MIAMI, FL

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

04/11/05 (305) 836-7030