

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 331804 1. Entity Name GANCEDO LUMBER CO., INC.	
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Principal Place of Business 9300 NW 36TH AVENUE MIAMI, FL 33147-2898	Mailing Address 9300 NW 36TH AVENUE MIAMI, FL 33147-2898
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D1042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1258476	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VILLAAMIL, ANTHONY, ESQ. 1611 SW 32ND AVENUE MIAMI, FL 33145
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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 _____
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

04/14/06 (305) 836-7030
Date Daytime Phone #