2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 331804 1. Entity Name GANCEDO LUMBER CO., INC.								FILED 2008 FEB - 5 PM 2: 56				
Principal Place of Business 9300 NW 36TH AVENUE MIAMI, FL 33147-2898				Mailing Address 9300 NW 36TH AVENUE MIAMI, FL 33147-2898				SECRETARY OF STATE TALLAHASSEE.FLORIDA				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01292008	Chg-P	CR2E0	34 (12/06)	
City & State				City & State			_	4. FEI Numb 59-125				plied For t Applicable
Zip	Country			Zip	ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current F				tered Agent	7. Name and Address of New Registered Agent Name							
VILLAAMIL, ANTHONY, ESQ. 1611 SW 32ND AVENUE MIAMI, FL 33145					Street Address (P.O. Box Number is Not Acceptable)							
						City				FI	Zip Cod	e
The above named entity submits this statement for the purpose of changing its registere							register	ed agent, or bo	th, in the State of Flo	FL orida. I am f	·	
the obligations of registered agent.												
SIGNATURE												
Amended AR is \$61.25 9. Election Campaign Financ Trust Fund Contribution.								00 May Be ed to Fees		,		
10. OFFICERS AND D							VF		CHANGES TO OFF	ICERS AND		S IN 11 Addition
NAME STREET ADDRESS CITY-ST-ZIP	PEREZ,IGNACIO NAM						R . 93	CARDO OONW	PEREZ 36AVE 633147		Change	AOUMON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9300 NW	TV						02/19/	1011834 70801045-	449 4 -013 *	□ Change ‡ 2 * 70.00	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33147 CITY								-		☐ Change _,	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	OSE L (ASST) 36TH AVE -		Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 '	ANGELICA 36TH AVE _ 33147		Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9300 NW MIAMI, FI			☐ Delete	CHY	EET ADDRESS	· · · · · ·	-			Change	☐ Addition
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 suppliemental 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: MG JULY 01/29/08 3.05 - 83 C-7030 SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Dayline Phone #												