

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90165 038 ***150.00

DOCUMENT # 367704

1. Entity Name
GUINES MARKET INC.



Principal Place of Business
**2300 N W 28 STREET
MIAMI, FL 33142-6543**

Mailing Address
**2300 N W 28TH ST
MIAMI, FL 33142-6543**

40078098



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1295863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESTRADA, RAUL
2715 NW 23 AVENUE
MIAMI, FL 33127**

**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, 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
**PD
ESTRADA, RAUL
2420 NW 28 STREET
MIAMI, FL 331426545**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GARCIA, JOSE A.
6625 NW 40 STREET
VIRGINIA GARDENS, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GARCIA, NARA
2420 NW 28 STREET
MIAMI, FL 33142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
GARCIA, HERMINIO
114 DELEON DRIVE
MIAMI SPRINGS, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Jose Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DS

Date

Daytime Phone #

4/28/06 (305)638-9759