


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 367704 1. Entity Name GUINES MARKET INC.	
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Principal Place of Business 2300 N W 28 STREET MIAMI, FL 33142-6543	Mailing Address 2300 N W 28TH ST MIAMI, FL 33142-6543
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1295863	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ESTRADA, RAUL 2715 NW 23 AVENUE MIAMI, FL 33127	<h2>DO NOT WRITE IN THIS SPACE</h2>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ESTRADA, RAUL
STREET ADDRESS	2420 NW 28 STREET
CITY-ST-ZIP	MIAMI, FL 331426545
TITLE	DS
NAME	GARCIA, JOSE A.
STREET ADDRESS	6625 NW 40 STREET
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166
TITLE	TD
NAME	GARCIA, NARA
STREET ADDRESS	2420 NW 28 STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	ASD
NAME	GARCIA, HERMINIO
STREET ADDRESS	114 DELEON DRIVE
CITY-ST-ZIP	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>02-27-07</u> <small>Daytime Phone #</small>
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