2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 376003

Name:

Address:

City-St-Zip:

FILED Sep 14, 2005 Secretary of State

D 0 0 0 10	0, 0,			ocorciary or orace	
Entity Na	ne: GUINES L	UMBER CO., INC.			
Current Principal Place of Business:			New Principal Place of Business:		
1400 N W MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
1400 N W MIAMI, FL					
FEI Number	: 59-1315464	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
COSTA, L 7340 NW MIAMI, FL	169TH TERRA	CE			
	named entity s e of Florida.	ubmits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ager	nt	Date	
OFFICER	S AND DIREC	ΓORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () COSTA, BERTA 1059 NW 27 ST MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS () SUAREZ, NIMIA 4370 SW 3RD S MIAMI, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition COSTA, LUIS 7340 NW 169 TR. MIAMI, FL 33015 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TR () Change (X) Addition COSTA, JOSE A 261 BAY DR. MIAMI, FL 33037 US	
Title:	()	Delete	Title:	VP () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SUAREZ, PEDRO E

MIAMI, FL 33134 US

4370 SW 3 ST

SIGNATURE: BERTHA COSTA PD 09/14/2005