


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 376003</b>	
1. Entity Name <b>GUINES LUMBER CO., INC.</b>	

Principal Place of Business <b>1400 NW 29TH ST MIAMI, FL 33142</b>	Mailing Address <b>1400 NW 29TH ST MIAMI, FL 33142</b>
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01302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1315464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>COSTA, LUIS 7340 NW 169TH TERRACE MIAMI, FL 33115</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000441916</b> <b>03/03/06-80055-005 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COSTA, BERTA 1059 NW 27 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SUAREZ, NIMIA 4370 SW 3RD STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COSTA, LUIS 7340 NW 169 TR. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR COSTA, JOSE A 261 BAY DR. MIAMI, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SUAREZ, PEDRO E 4370 SW 3 ST MIAMI, FL 33134
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/06** **3056337966**  
Date Daytime Phone #