

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 002 ***150.00

DOCUMENT # 376003

1. Entity Name
GUINES LUMBER CO., INC.



Principal Place of Business

1400 N W 29TH ST
MIAMI, FL 33142

Mailing Address

1400 N W 29TH ST
MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1315464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTA, LUIS
7340 NW 169TH TERRACE
MIAMI, FL 33115

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COSTA, BERTA	
STREET ADDRESS	1059 NW 27 STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SUAREZ, NIMIA	
STREET ADDRESS	4370 SW 3RD STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COSTA, LUIS	
STREET ADDRESS	7340 NW 169 TR.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	TR	<input type="checkbox"/> Delete
NAME	COSTA, JOSE A	
STREET ADDRESS	261 BAY DR.	
CITY-ST-ZIP	MIAMI, FL 33037	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUAREZ, PEDRO E	
STREET ADDRESS	4370 SW 3 ST	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *X* *LUIS COSTA (VP)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07

Date

Daytime Phone #

305-633-7966

305-822-5616