

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 376003

FILED
Mar 25, 2009
Secretary of State

Entity Name: GUINES LUMBER CO., INC.

Current Principal Place of Business:

1400 N W 29TH ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1400 N W 29TH ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 59-1315464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COSTA, BERTA
Address: 1059 NW 27 STREET
City-St-Zip: MIAMI, FL

Title: VS () Delete
Name: SUAREZ, NIMIA
Address: 4370 SW 3RD STREET
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: COSTA, LUIS
Address: 7340 NW 169 TR.
City-St-Zip: MIAMI, FL 33015 US

Title: TR () Delete
Name: COSTA, JOSE A
Address: 261 BAY DR.
City-St-Zip: MIAMI, FL 33037 US

Title: VP () Delete
Name: SUAREZ, PEDRO E
Address: 4370 SW 3 ST
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LUIS COSTA

_____ Electronic Signature of Signing Officer or Director

VP

03/25/2009

_____ Date