

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**5 May 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M30746**

1. Entity Name  
**GUIDO CABINETS, INC.**



Principal Place of Business

**4870 SW 75 AVENUE  
MIAMI, FL 33155-4437**

Mailing Address

**4870 SW 75 AVENUE  
MIAMI, FL 33155-4437**



05022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2677677**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VELASCO, ROLANDO  
12711 NW 11 ST  
MIAMI, FL 33182**

**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

*Rolando Velasco*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/1/08*

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORENO, LUIS H  
STREET ADDRESS 4870 SW 75 AVENUE  
CITY-ST-ZIP MIAMI, FL 331554437

TITLE VD  
NAME VELASCO, ROLANDO  
STREET ADDRESS 12711 NW 11 ST  
CITY-ST-ZIP MIAMI, FL 33182

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U000000949416  
06/03/08-80026-014 150.00

**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:

*Rolando Velasco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

*5/1/08*

*(305)2623888*