

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000078823**

1. Entity Name

QUINT WELLINGTON REDWOOD U S A, CORP.



Principal Place of Business

407 LINCOLN ROAD  
SUITE 11-A  
MIAMI BEACH, FL 33139

Mailing Address

407 LINCOLN ROAD  
SUITE 11-A  
MIAMI BEACH, FL 33139



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1037830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ZAHNISER, JULIE A ESQ.  
5655 S. INDIAN RIVER DRIVE  
FT. PIERCE, FL 34982

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000868804  
04/09/08-80024-011 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HAGEN, RENE  
STREET ADDRESS 407 LINCOLN ROAD, SUITE 11-A  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D  
NAME SLUIJTERS, MARIUS  
STREET ADDRESS 407 LINCOLN ROAD, SUITE 11-A  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE  
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CITY-ST-ZIP

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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

March 19 / 08 30553  
49196

Date

Daytime Phone #