

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 013 ***150.00

DOCUMENT # P01000118730 1. Entity Name BELINA EXPORT, INC.			
Principal Place of Business 8512 NW 61 ST MIAMI, FL 33166		Mailing Address 8512 NW 61 ST MIAMI, FL 33166	
2. Principal Place of Business 3750 NW 114 AVE Suite, Apt. #, etc. #2		3. Mailing Address 3750 NW 114 AVE Suite, Apt. #, etc. #2	
City & State MIAMI, FLORIDA Zip 33178		City & State MIAMI, FLORIDA Zip 33178	
Country USA		Country USA	
4. FEI Number 65-1159892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUENTES, GUSTAVO E 8512 NW 61 ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name MARIA JOSE FOLLA Street Address (P.O. Box Number is Not Acceptable) 3750 NW 114 AVE #2 City MIAMI	
Zip Code 33178		State FL	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FUENTES, GUSTAVO E STREET ADDRESS 8512 NW 61 ST CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE Account NAME Folla, Maria J. STREET ADDRESS 3750 NW 114 AVE. #2 CITY-ST-ZIP Miami, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		Date 04/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	