


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P01000118730	
1. Entity Name BELINA EXPORT, INC.	

Principal Place of Business 5930 N.W. 99TH AVENUE UNIT #3 MIAMI, FL 33178	Mailing Address 5930 N.W. 99TH AVENUE UNIT #3 DORAL, FL 33178
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DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E 034 (11/05)

4. FEI Number 65-1159892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELEGRINO, BERTA
5930 N.W. 99TH AVENUE
UNIT #3
DORAL, FL 33178

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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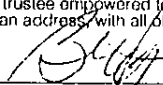
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MIGUEL 5930 N.W. 99TH AVENUE, UNIT #3 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELEGRINO, BERTA 5930 N.W. 99TH AVENUE, UNIT #3 DORAL, FL 33178
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04/03/08-80002-017 158.75

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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:  03/20/2008 305-716-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #