## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SCHATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400057295 (5)

## WELLINGTON HOLDINGS CORPORATION

	VOTON HOLDINGS COP	*****				
Principal Place o	of Business	Mailing Address			ret muste d'atail aises salon et un 1910 (41/1 (36)	
1021 IVES DAIRY RD. Suite 115 North Mami Beach FL 33179		SUITE 115	1021 IVES DAIRY RD. Suite 115 North Miami Beach Fl 33179		Date Incorporated or Qualified	
				08/02/1994	10/23/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 South And H		26		APPLIED FOR VA		
Suite. Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City 8 State	<del></del>	6. Election Campaign Financing		
		28		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	[29]	30		s 🔀 No	
<del></del>	9, Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New	Registered Agent	
1201 HA TALLAH/	ASSEE FL 32301		83 84 City	ress (P.O. Box Number is Not Accepted of A	FL 85 Zic Code 98	
familiar with	diagent, of both, inche State of Fig., and lascept the abligations of	Ja. Such change was authori ection 607.0505, Florida Statete	ites, the above-named corporation is boats  Solid Engineera April agration required.  13.	· · · · · · · · · · · · · · · · · · ·	Phase Addition	
TETLE	D	☐ DELETE	I 1 Tillet		Change Adoltion	
NAME	LAQUER, THOMAS		1.2 NAME		7	
STREET ADDRESS	1021 IVES DAIRY RD., SL	JITE 115	1.3 STREET ADDRESS		lä	
C1! Y - S! - ZiP	NORTH MIAMI BEACH FL		1.4 O(\$y - \$1 - 7)P		B	
TITLE		☐ DECE16	2 * NITUE		Change Addition O	
NAME			2.2 NAME			
STREET ADDRESS		•	2.3 STREET ADDRESS			
CITY - ST - ZiP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	24 CITY ST ZIP		Character Control	
NAME		L_ ottett	3 1 10°LF 3 2 NAME		☐ Change ☐ Addition	
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			34 CITY - \$7 ZiP			
TITLE		DELETE.	4 1 H1LE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	1000010:	നനവർ 1	
CITY - ST - ZIP			4.4 Criy - \$1 - ZiP	1000018; 	149n20	
TITLE		☐ DELETE	5 1 hill	***200.00	Change Addition	
NAME			5.2 NAME	***CUU.UU	j	
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP		. =	5 4 CITY - S1 - ZIF			
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME			€ 2 NAMS			
STREET ADERESS			6 3 STREET ADDRESS		. / \	
CITY-SI-ZIP			6 4 CI1Y - ST - 7IF		Pla	
certify that to oath; that I a	the information indicated on this a	nnual report or supplemental an report tou or the province or trust	nual report is true and accurs see empowered to execute th	for the exemption stated in Section 119 ale and that my signature shall have the is report as required by Chapter 607, F	seeme legal offect as if made under	

Liste Express Practic #