

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90030 037 \*\*\*163.75

<b>DOCUMENT # V13325</b> 1. Entity Name <b>WELLINGTON EXPORT CORPORATION</b>			
Principal Place of Business <b>1200 CORPORATE CENTER WAY SUITE 202 WELLINGTON, FL 33414 US</b>		Mailing Address <b>1200 CORPORATE CENTER WAY SUITE 202 WELLINGTON, FL 33414 US</b>	
2. Principal Place of Business - No P.O. Box # <b>14775 Equestrian Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>13833 Wellington Trace</b> Suite, Apt. #, etc. <b>E 4 # 185</b>	
City & State <b>Wellington Fl.</b>		City & State <b>Wellington Fl.</b>	
Zip <b>33414</b>	Country <b>US</b>	Zip <b>33414</b>	Country <b>US</b>
4. FEI Number <b>65-0310412</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>FL</b>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MIDOLO, CAYETANO A 1200 CORPORATE CENTER WAY SUITE 202 WELLINGTON, FL 33414</b>		7. Name and Address of New Registered Agent Name <b>Midolo Cayetano A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10562 Northgreen Drive</b>  City <b>Wellington</b> <b>FL</b> Zip Code <b>33449</b>	
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) <span style="float: right;">1-23-08</span> Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>MIDOLO, CAYETANO A</b> <b>170562 NORTHGREEN DR</b> <b>LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>Midolo Cayetano A.</b> <b>10562 Northgreen Drive</b> <b>Wellington Fl. 33449</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>MIDOLO, GRACIELA</b> <b>170562 NORTHGREEN DR</b> <b>LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>Midolo Graciela</b> <b>10562 Northgreen Drive</b> <b>Wellington Fl. 33449</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		1-23-08 561 379 3395 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			