


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90005 017 \*\*\*150.00

**DOCUMENT # L35182**  
1. Entity Name  
NORTHWESTERN CAPITAL CORPORATION



Principal Place of Business: ONE BAYFRONT PLAZA; SUITE 1100  
100 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 US

Mailing Address: ONE BAYFRONT PLAZA; SUITE 1100  
100 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 US

40030033



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0165492	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  
HOLLO, JEROME  
100 S BISCAYNE BLVD 1100  
MIAMI, FL 33131

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS BAER, STEVE 100 S. BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLLO, WAYNE R. 100 S. BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOLLO, TIBOR 100 SO BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HULLO, JEROME 100 S. BISCAYNE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KATZ, LEONARD 100 S. BISCAYNE BLVD MIAMI, FL 33131
TITLE 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: Jerome Hollo Leonard Katz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

060-6310