


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90046 024 \*\*\*150.00

**DOCUMENT # L35182**

1. Entity Name  
**NORTHWESTERN CAPITAL CORPORATION**



Principal Place of Business      Mailing Address

**ONE BAYFRONT PLAZA; SUITE 1100**      **ONE BAYFRONT PLAZA; SUITE 1100**  
**100 SOUTH BISCAYNE BOULEVARD**      **100 SOUTH BISCAYNE BOULEVARD**  
**MIAMI, FL 33131 US**      **MIAMI, FL 33131 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**100 S. Biscayne Blvd**      **100 S Biscayne Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Ste 900**      **Ste 900**

City & State      City & State

**miami FL**      **miami FL**

Zip      Country      Zip      Country

**33131 USA**      **33131 USA**

4092008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**65-0165492**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

**HOLLO, JEROME**  
**100 S BISCAYNE BLVD 1100 900**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**Ste 900**

City      State      Zip Code

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VDS	<input type="checkbox"/> Delete
NAME	BAER, STEVE	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLO, WAYNE R.	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLLO, TIBOR	
STREET ADDRESS	100 SO BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLO, JEROME	
STREET ADDRESS	100 S. BISCAYNE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	T	<input type="checkbox"/> Delete
NAME	KATZ, LEONARD	
STREET ADDRESS	100 S. BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerments.

SIGNATURE: \_\_\_\_\_      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_