


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-06-2007 90005 016 \*\*\*150.00

<b>DOCUMENT # P95000003854</b> 1. Entity Name NORTHWESTERN HOLDING COMPANY	
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Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131	Mailing Address 100 S. BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131
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10000003



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0644408	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLO TIBOR 1005 BISCAYNE BLVD SUITE 1100 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLO, WAYNE 100 S BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLO, JEROME 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LEONA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** *Leonard Katz* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

060-2020