


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-18-2008 90046 021 \*\*\*150.00

<b>DOCUMENT # P95000003854</b> 1. Entity Name <b>NORTHWESTERN HOLDING COMPANY</b>		
Principal Place of Business 100 S. BISCAYNE BLVD. SUITE <del>1100</del> MIAMI, FL 33131		Mailing Address 100 S. BISCAYNE BLVD. SUITE <del>1100</del> MIAMI, FL 33131
2. Principal Place of Business - No P.O. Box # <b>100 S Biscayne Blvd</b> Suite, Apt. #, etc. <b>Ste 900</b>	3. Mailing Address <b>100 S Biscayne Blvd</b> Suite, Apt. #, etc. <b>Ste 900</b>	
City & State <b>miami FL</b> Zip <b>33131</b>	City & State <b>miami FL</b> Zip <b>33131</b>	4. FEI Number <b>65-0644408</b>
Country: <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>
6. Name and Address of Current Registered Agent <b>HOLLO, JEROME</b> <b>100 S BISCAYNE BLVD <del>1100</del> 900</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>Ste 900</b> City <b>FL</b> Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLLO TIBOR 1005 BISCAYNE BLVD SUITE 1100 MIAMI, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLLO, WAYNE 100 S BISCAYNE BLVD MIAMI, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLLO, JEROME 100 S BISCAYNE BLVD MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____