

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # 371785

1. Entity Name
NORTHWEST INVESTMENT CORPORATION, INC.



Principal Place of Business

**1552 NW 6TH STREET
FORT LAUDERDALE, FL 33311**

Mailing Address

**1552 NW 6TH STREET
FORT LAUDERDALE, FL 33311**

DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-6181869	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURROWS, GEORGE L
1552 NW 6TH STREET
FT LAUDERDALE, FL 33311**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	PD
NAME	BURROWS, GEORGE L
STREET ADDRESS	1552 NW 6TH STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33311

TITLE	VD
NAME	BELL, WILLARD
STREET ADDRESS	424 NW 21ST AVE.
CITY-ST-ZIP	FT LAUDERDALE, FL 33311

TITLE	SDT
NAME	LAWTON, LOUIS
STREET ADDRESS	1711 NW 27TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311

TITLE	RD
NAME	LAWTON, LOUIS
STREET ADDRESS	1711 NW 27TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80039-012 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/08 (954) 467-2909