


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90034 030 ***150.00

DOCUMENT # 679159 1. Entity Name NORTHERN HOLDING COMPANY, INC.	
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Principal Place of Business % OMAR DEL RIO, C.P.A. 2324 S. CONGRESS AVE., SUITE 2C WEST PALM BEACH, FL 33406	Mailing Address % OMAR DEL RIO, C.P.A. 2324 S. CONGRESS AVE., SUITE 2C WEST PALM BEACH, FL 33406
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2101964	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

**DEL RIO, OMAR CPA
2324 S. CONGRESS AVE., SUITE 2C
WEST PALM BEACH, FL 33406**

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE POSSE, LETICIA 2324 S. CONGRESS AVE., 2C WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: LETICIA de POSSE 1-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #