


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K21541 1. Entity Name NORTH HIGHLAND HOLDING CORPORATION	
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Principal Place of Business P.O. BOX 015869 MIAMI, FL 33101-2869	Mailing Address P.O. BOX 015869 MIAMI, FL 33101-2869
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04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0045554	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RODGERS, COREEN 1638 NW 10TH AVE MIAMI, FL 33136

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, 2005 Fee will be \$550.00**

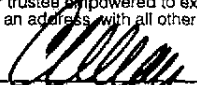
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000346331
04/30/05-80073-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFONSO, MD, EDUARDO 1638 NW 10TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULIAFITO, CARMEN DR 1638 N.W. 10TH AVE. MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRISH, RICHARD K DR 1638 N.W. 10TH AVE. MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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:  4/27/05 (305) 326-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #