



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
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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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**RODGERS, COREEN
1638 NW 10TH AVE
MIAMI, FL 33136**

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)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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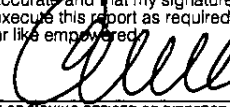
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	

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03/02/07-80061-014 150.00

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:  **Dr. Carmen Puliafito - 2/19/07** **326-6303** **(305)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #