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

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K21542

1. Entity Name
HIGHLAND NORTH SUBSIDIARY CORPORATION

Principal Place of Business	Mailing Address
1638 NW 10TH AVE MIAMI, FL 33101 US	P.O BOX 015869 MIAMI, FL 33101 US

04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0045557
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000346335
04/30/05-80073-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PULIAFITO, CARMEN DR
STREET ADDRESS	1638 NW 10TH AVE
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	V
NAME	PARRISH, RICHARD K DR
STREET ADDRESS	1638 N.W. 10TH AVE.
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	D
NAME	ALFONSO, EDUARDO
STREET ADDRESS	1638 NW 10TH AVE
CITY-ST-ZIP	MIAMI, FL
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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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: _____ 4/27/05 (305) 326-6306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #