


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K21542	
1. Entity Name HIGHLAND NORTH SUBSIDIARY CORPORATION	
	
Principal Place of Business 1638 NW 10TH AVE MIAMI, FL 33101 US	Mailing Address P.O BOX 015869 MIAMI, FL 33101 US
DO NOT WRITE IN THIS SPACE	

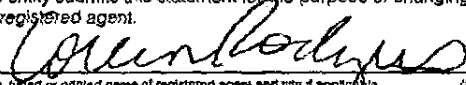


01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0045557	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

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IN THIS SPACE**

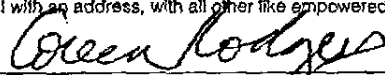
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.	
SIGNATURE 	DATE 3/3/06
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P PULIAFITO, CARMEN DR 1638 NW 10TH AVE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRISH, RICHARD K DR 1638 N.W. 10TH AVE. MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, EDUARDO 1638 NW 10TH AVE 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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03/17/06-80041-021 150.00

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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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 3/3/06 DAYTIME PHONE # 305 326-610
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	