


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90259 024 ***150.00

DOCUMENT # M49929 1. Entity Name NORTHERN SERVICES CORP.					
Principal Place of Business 205 CAOBA COURT CORAL GABLES, FL 33143 US			Mailing Address 205 CAOBA COURT CORAL GABLES, FL 33143 US		
2. Principal Place of Business 5800 San Vicente Suite, Apt. #, etc.		3. Mailing Address 5800 San Vicente Suite, Apt. #, etc.			
City & State Coral Gables FL		City & State Coral Gables FL		4. FEI Number 59-2789868	
Zip 33146		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIBENBOIM, MYRIAM DA COST 205 CAOBA CT CORAL GABLES, FL 33143		7. Name and Address of New Registered Agent Name Myriam C Ribenboim Street Address (P.O. Box Number is Not Acceptable) 5800 San Vicente City Coral Gables FL Zip Code 33146			
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIBENBOIM, MYRIAM DA C. 205 CAOBA CT CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5800 San Vicente Coral Gables FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RIBENBOIM, PAULO A 570 RIDGEWOOD DR KEY BISCAINE, FL 33149		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Myriam C. Ribenboim</u> Myriam C. Ribenboim 4/24/05 (805) 815 6775 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					