2007 FOR PROFIT CORPORATION

FILED Feb 22, 2007 8:00 am **ANNUAL REPORT Secretary of State**

DOCUMENT # M49929 02-22-2007 90004 010 ***150.00 NORTHERN SERVICES CORP. Principal Place of Business Mailing Address 5800 SAN VICENTE 5801 Hazeror 5800 SANVICENTE 5801 May 1010 40022417 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182007 Cha-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 59-2789868 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIBENBOIM, MYRIAM C 5801 Massione St. Street Address (P.O. Box Number is Not Acceptable) 5800 SAN-VICENTE-CORAL GABLES, FL 33146 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change TITLE ☐ Delete TITLE Addition RIBENBOIM, MYRIAM DA C. NAME NAME 5801 Haggiore 5800 SAN VICENTE -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition RIBENBOIM, PAULO A STREET ADDRESS 570 RIDGEWOOD DR STREET ADDRESS KEY BISCAYNE, FL 33149 CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP

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 Instate 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.

Myriam Kibenbaim