## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000105275

Entity Name: NORTHERN CAPITAL INSURANCE INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6802 NW 77 COURT MIAMI, FL 33166

**Current Mailing Address: New Mailing Address:** 

6802 NW 77 COURT MIAMI, FL 33166

FEI Number: 65-1057444 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAVIA, ESQ., DIGIORGIO MARIA, DIGIORGIO L ESQ. 6802 NW 77 COURT 6802 NW 77 COURT MIAMI, FL 33166 MIAMI, FL 33166

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.

SIGNATURE: MARIA L. DIGIORGIO, ESQ 04/30/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

MIAMI, FL 33166

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33166

City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition FERNANDEZ, ALBERT ANTHONY, ALEXANDER Name: Name: 6802 NW 77TH CT. 6802 NW 77TH CT. Address: Address: City-St-Zip:

MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

Title: Title: VP,D () Delete (X) Change ( ) Addition FERNANDEZ, ALBERT Name: ALEXANDER, ANTHONY Name: 6802 NW 77 COURT 6802 NW 77 COURT Address: Address:

( ) Change (X) Addition

Title: VP.D Title: ( ) Delete FLETCHER, WAYNE A Name: Name: 6802 NW 77 COURT Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33166

Title: () Delete Title: VP,D ( ) Change (X) Addition

MIGUELEZ, JUAN CARLOS Name: Name: Address: Address: 6802 NW 77 COURT City-St-Zip: City-St-Zip: MIAMI, MI 33166

Title: Title: () Delete ( ) Change (X) Addition

DIGIORGIO, MARIA L ESQ. Name: Name: Address: Address: 6802 NW 77 COURT/ City-St-Zip: City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA L. DIGIORGIO, ESQ. 04/30/2004 D