2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P00000105275

Entity Name: NORTHERN CAPITAL, INC.

Current Principal Place of Business:

7200 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7200 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126

New Mailing Address:

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

Name and Address of Current Registered Agent:

DIGIORGIO, MARIA L
7200 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP,D	( ) Delete
Name:	FLETCHER, WAYNE	
Address:	1163 PELEGRINE WAY	
City-St-Zip:	WESTON, FL 33327	
Title:	VP,D	( ) Delete
Name:	MIGUELEZ, JUAN CARLOS	
Address:	10401 S.W. 128TH PLACE	
City-St-Zip:	MIAMI, FL 33172	
Title:	D	( ) Delete
Name:	DIGIORGIO, MARIA L ESQ.	
Address:	1830 MERIDIAN AVE.	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	VP,D	( ) Delete
Name:	FERNANDEZ, ALBERT	
Address:	15782 S.W. 91ST STREET	
City-St-Zip:	MIAMI, FL 33196	
Title:	P, D	( ) Delete
Name:	ANTHONY, ALEXANDER	
Address:	1131 ORIOLE AVE.	
City-St-Zip:	MIAMI, FL 33166	
Title:	D	( ) Delete
Name:	LAURIE, JOHN	
Address:	7200 CORPORATE CENTER DRIVE	
City-St-Zip:	MIAMI, FL 33126	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DIGIORGIO, MARIA L ESQ.	
Address:	1798 SW 19 STREET	
City-St-Zip:	MIAMI, FL 33145	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 DIGIORGIO D 05/01/2009
Electronic Signature of Signing Officer or Director Date