


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000065770 1. Entity Name NORTHFOLK INVESTMENTS, INC.	
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Principal Place of Business 12200 NW 7TH ST PLANTATION, FL 33325	Mailing Address 12200 NW 7TH ST PLANTATION, FL 33325
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4501441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC
ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BLVD.
TAMPA, FL 33602-5730**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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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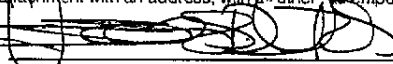
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	P MOLINA, VANESSA 12200 NW 7 ST PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V MARPONS, ANNETTE 12200 NW 7TH ST PLANTATION, FL 33325
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 fee empowered.

SIGNATURE:  **VANESSA MOLINA** 2/3/04 951-258-9421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Phone #