

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90043 043 \*\*\*150.00

DOCUMENT # P03000009196

1. Entity Name  
NORTHVEST COMPANY



Principal Place of Business  
999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134

Mailing Address  
999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134

34041730

2. Principal Place of Business  
2600 Douglas Road  
Suite, Apt. #, etc.  
PH 6

3. Mailing Address  
2600 Douglas Road  
Suite, Apt. #, etc.  
PH 6

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33134

Zip  
33134

Country  
US

Country  
US

02042004 Chg-P CR2E034 (10/03)

4. FEI Number 22-389,314.3 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
WEISZ, RICARDO  
999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2600 Douglas Road PH 6  
PH 6  
City Coral Gables FL Zip Code 33134

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 *Jose I. Padial*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
JOSE I. Padial  
registered agent  
DATE 2/4/04

FILE NOW!!! FEE IS \$150.00.  
After May 4, 2004 Fee will be \$550.00.

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS WEISZ, RICARDO 999 PONCE DE LEON BLVD., SUITE 715 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2600 Douglas Road PH 6 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *Ricardo Weisz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 30 May 04 Daytime Phone # 305 903 3088