## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000165637

Address:

City-St-Zip:

10410 SW 128TH PLACE

MIAMI, FL

Entity Name: NORTHERN CAPITAL INSURANCE COMPANY

FILED Mar 13, 2005 Secretary of State

Littly Nai	ile. NORTI	TERN CAPITAL INSURANCE O	SIVIFAINT			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
6802 NW 3 MIAMI, FL	77TH COUR 33166	T .				
Current Mailing Address:			New Maili	New Mailing Address:		
6802 NW 7 MIAMI, FL	77TH COUR 33166	Т				
FEI Number:	: 20-1269516	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address o	f Current Registered Agent:	Name and	Address of	New Registered Agent:	
	O, MARIA L 77TH COUR 33166 U	_				
	named entite of Florida.	ty submits this statement for the	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electr	onic Signature of Registered Ag	ent		Date	
Election Car	npaign Financ	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ANTHONY, A 1131 ORIOL		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FERNANDEZ	1ST STREET	Title: Name: Address: City-St-Zip:	D ( FERNANDEZ 6802 NW 77 ( MIAMI, FL 33	COURT	
Title: Name: Address: City-St-Zip:	D FLETCHER, 1163 PERGI WESTON, F	RINE WAY	Title: Name: Address: City-St-Zip:	P, D ( FLETCHER, V 6802 NW 77 ( MIAMI, FL 33	COURT	
Title: Name:		( ) Delete JUAN CARLOS	Title: Name:	,	X) Change ( ) Addition UAN CARLOS	

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.

Address:

City-St-Zip:

6802 NW 77 COURT MIAMI, FL 33166

SIGNATURE: JUAN CARLOS MIGUELEZ D 03/13/2005