2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P04000165637

Entity Name: NORTHERN CAPITAL INSURANCE COMPANY

Current Principal Place of Business:

6802 NW 77TH COURT
MIAMI, FL 33166

New Principal Place of Business:

7200 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126

Current Mailing Address:

6802 NW 77TH COURT
MIAMI, FL 33166

New Mailing Address:

7200 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126

FEI Number: 20-1269516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIGIROGIO, MARIA L
6802 NW 77TH COURT
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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

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 04/12/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: FERNANDEZ, ALBERT
Address: 6802 NW 77 COURT
City-St-Zip: MIAMI, FL 33166

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

Title: D ( ) Delete
Name: MIGUELEZ, JUAN CARLOS
Address: 6802 NW 77 COURT
City-St-Zip: MIAMI, FL 33166

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P, D (X) Change ( ) Addition
Name: FLETCHER, WAYNE
Address: 7200 CORPORATE CENTER DRIVE
City-St-Zip: MIAMI, FL 33126

Title: VP,D (X) Change ( ) Addition
Name: MIGUELEZ, JUAN CARLOS
Address: 7200 CORPORATE CENTER DRIVE
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Change (X) Addition
Name: DIGIORGIO, MARIA
Address: 7200 CORPORATE CENTER DRIVE
City-St-Zip: MIAMI, FL 33126

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 D 04/12/2005
Electronic Signature of Signing Officer or Director Date