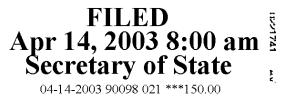
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P96000013608 **DOCUMENT #** 1. Entity Name



NORTHW	IND DEVELOPMENT, INC.														
Principal Place of Business 848 BRICKELL AVENUE SUITE 1010 MIANT FL 33131			Mailing Address 848 BRICKELL AVENUE SUITE 1040 MIAM FL 33131												
2. Principal Place of Business 4241 NW 109 TELR Suite, Apt. #, etc. 3. Mailing Address 4341 Suite, Apt. #, etc.). 109 TERR.			•							
City & State					オントンゼー・						IG CHAN		olied For	7	
Sui	NRISE, FL	<u>ာ်</u> နှ	SUMRISE FC			:	65-0/0/448				60.7	Not	Applicable	-	
Zip 33	351 USA	3	33215	. COURT	<u> ۸ کٽا</u>			Certificate of Sta	•		\$8.7 Fee Re				
	6. Name and Address of Current R	egistere	d Agent		Name	¥.	7. N	lame and Addre						1	
OJEDA, ALAM					Street A	ddress (P	О. Во	ox Number is No	n Accebiani	de z	_			1	
848 BRIORELL AVE SUITE 1010					-	420	11	NW.	<u> 109</u>		RRA	CC		+	
MIAMI FL 33131					City معسم		3. 64 11 (4)	Dyica	<u> </u>	F		Code		$\frac{1}{2}$	
	named entity submits this statement for	the purp	ose of changing its re	gistere	ed office or	registere	d age	ent, or both, in the	ne State of Fl			<u>. と.と</u> with, a	and accept	4	
the obligati	ons of egistered agent.	nd	<i>l.</i>										-		
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if (15)	licable. (NOTE: Re	egistere	d Agent signatu	ure required v	when rei	instating)		DATE	4-11	- 0=	3		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election (Campaign Fi d Contribution	_			May Be to Fees		
10. 🐣	OFFICERS AND D		RS	11.			ADI	L DITIONS/CHAN	IGES TO OF	FICERS AN	ND DIREC	CTORS	IN 11	1	
TITLE NAME * STREET ADDRESS : CITY-ST-ZIP -	D CODINA, JORGE TUBELLA 848 BRICKELL AVENUE, SUITE 10 MIAMI FL 33131	010	☐ Delete								☐ Cr	nange	Addition	(00/01/ /001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Delete								☐ Ĉi	nange	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete								☐ Ch	ange	Addition		
12. I hereby c	ertify that the information supplied with t	his filing	does not qualify for th	e exe	mption stat	ted in Sec	tion 1	119.07(3)(i), Flor	ida Statutes.	I further c	ertify that	t the in	formation	1	

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 legislations wered.

SIGNATURE: