2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 16, 2005 8:00 am Secretary of State DOCUMENT # P96000041787 03-16-2005 90025 039 ***150.00 **EAGLE NORTH CORPORATION** Principal Place of Business Mailing Address 8335 N.W. 64TH STREET 8335 N.W. 64TH STREET MIAMI, FL 33166 MIAMI, FL. 33166 CR2E034 (10/03) 01062005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0664450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HERBERT Z MARVIN 7300 N KENDALL DR #542 MIAMI, FL 33156 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NESSELER, FRANK J STREET ADDRESS 8335 N.W. 64TH STREET CITY-ST-ZIP MIAMI, FL 33166 TITLE VΡ Gregory CHAD 100 Evergreen Fly Ralm Beach Gardons KI 33410 addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Nesseler, Fran J. Jr. 10925 sw 65 Ave NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Miami, F1 33156 IN THIS SPACE TITLE NOTHEIS, WALTER 1294D SW 133CT NAME STREET ADDRESS CITY-ST-ZIP miami (FL 33186 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P 12. I hereby certify that the impression 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 eport 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 that release or trusted 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 attack many full transactoress, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. Nesselek.

FILED

Daytime Phone #