


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90025 039 ***150.00

***DOCUMENT # P96000041787**

1. Entity Name
EAGLE NORTH CORPORATION



Principal Place of Business
**8335 N.W. 64TH STREET
 MIAMI, FL 33166**

Mailing Address
**8335 N.W. 64TH STREET
 MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0664450

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HERBERT Z MARVIN
 7300 N KENDALL DR #542
 MIAMI, FL 33156**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NESSELER, FRANK J
STREET ADDRESS	8335 N.W. 64TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VP
NAME	Gregory CHAD
STREET ADDRESS	106 Evergreen Pkwy
CITY-ST-ZIP	Palm Beach Gardens, FL 33410 addition
TITLE	VP
NAME	Nesseler, Fran J. JR
STREET ADDRESS	10925 SW 65 AVE
CITY-ST-ZIP	Miami, FL 33154 addition
TITLE	VP
NAME	NOTHEIS, WALTER
STREET ADDRESS	12940 SW 133 CT
CITY-ST-ZIP	miami, FL 33186 addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **3/9/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Frank J. Nessler