



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000079477</b>			
1. Entity Name <b>NORTHLAND INDUSTRIES INC.</b>			
Principal Place of Business <b>6857 SUNRISE TERRACE MIAMI, FL</b>		Mailing Address <b>6857 SUNRISE TERRACE MIAMI, FL</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0872091</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KURZBAN, MARVIN ESQ 2650 SOUTHWEST 27TH AVENUE SECOND FLOOR MIAMI, FL 33133</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000115906 04/16/04-80042-015 150.00</b>
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOE, LASSE 2650 S.W. 27TH AVENUE MIAMI, FL 33133		
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<b>DO NOT WRITE IN THIS SPACE</b>			
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: <u><i>Charles Lasse Moe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>APRIL 13-04</u> <u>305-661-5621</u> <small>Date Daytime Phone #</small>	