

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000093759

1. Entity Name
 NORTHSTAR HOLDINGS, INC.



Principal Place of Business
 14406 S MILITARY TRAIL
 DELRAY, FL 33445

Mailing Address
 14406 S MILITARY TRAIL
 DELRAY, FL 33445



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0885659

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ETTINGER, DAVID
 14406 S MILITARY TRAIL
 DELRAY, FL 33445

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000129842
 04/26/04-80094-005 150.00

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: ETTINGER, DAVID
 STREET ADDRESS: 7103 ENCINA LANE
 CITY - ST - ZIP: BOCA RATON, FL 33433

TITLE: D
 NAME: WORLEY, SCOTT
 STREET ADDRESS: 14406 S MILITARY TRAIL
 CITY - ST - ZIP: DELRAY, FL 33445

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

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TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04
 Date

Daytime Phone #