2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2004 8:00 am
Secretary of State
05-03-2004 90687 011 ***150.00

DOCUMENT # P03000060087

1. Entity Name
NEEDLE DESIGNS, INC.

Principal Place of Business	Mailing Address
~~1450 MADRUGA AVE #300~~ C/O KEITH W SAKS, ESQ. ~~CORAL GABLES FL 33146~~	~~1450 MADRUGA AVE #300~~ C/O KEITH W SAKS, ESQ. ~~CORAL GABLES FL 33146~~

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
2701 Ponce de Leon Blvd.	Same as #2
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.
City & State: Coral Gables, FL.	City & State
Zip: 33134 Country: US	Zip Country

4. FEI Number: 74 309 32 57 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAKS,, KEITH W ESQ ~~1450 MADRUGA AVE #300~~ ~~CORAL GABLES FL 33146~~	Name: Same Street Address (P.O. Box Number is Not Acceptable): 2701 Ponce De Leon Blvd Suite 200 City: Coral Gables FL Zip Code: 33134

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: Keith W. Saks 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RINALDI, MARIA ~~1450 MADRUGA AVE #300~~ ~~CORAL GABLES FL 33146~~	☐ Delete	2701 Ponce de Leon Blvd. #200 Coral Gables, FL. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RINALDI, RALPH ~~1450 MADRUGA AVE #300~~ ~~CORAL GABLES FL 33146~~	☐ Delete	2701 Ponce de Leon Blvd. #200 Coral Gables, FL. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Maria Rinaldi 04/26/04 (305) 388-4963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #