


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F9700002210
 1. Entity Name
FERD. SCHMETZ NEEDLE CORPORATION



Principal Place of Business 9960 NW 116TH WAY SUITE 3 MEDLEY, FL 33178 US	Mailing Address 9960 NW 116TH WAY SUITE 3 MEDLEY, FL 33178 US
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DO NOT WRITE IN THIS SPACE



02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-1773618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 reissuing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMETZ, PETER N PO BOX 1140, D-52111 HERZOGENRATH, GERMANY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOHLEMANN, ROLANDO G 16427 RUBY LAKE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESDAGHI, ALEXANDER P.O. BOX 1140, D-52111 HERZOGENRATH, GERMANY,
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 exemptions contained in Chapter 119, 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: _____ **02/27/07** **305-889-2080**
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #