

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90037 010 \*\*\*150.00



**DOCUMENT # F97000002210**  
 1. Entity Name  
**FERD. SCHMETZ NEEDLE CORPORATION**

Principal Place of Business      Mailing Address  
**9960 NW 116TH WAY**      **9960 NW 116TH WAY**  
**SUITE 3**      **SUITE 3**  
**MEDLEY, FL 33178 US**      **MEDLEY, FL 33178 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01042008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**22-1773618**      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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2008 Fee will be \$550.00**

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	D	<input type="checkbox"/> Delete
NAME	<b>JAIN, RAJAN</b>	
STREET ADDRESS	<b>315 ALEXANDRA RD #04-07 PERFORMANCE CENTRE</b>	
CITY-ST-ZIP	<b>SINGAPORE, XX</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>BOHLEMANN, ROLANDO G</b>	
STREET ADDRESS	<b>16427 RUBY LAKE</b>	
CITY-ST-ZIP	<b>WESTON, FL 33331</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MESDAGHI, ALEXANDER</b>	
STREET ADDRESS	<b>P.O. BOX 1140, D-52111</b>	
CITY-ST-ZIP	<b>HERZOGENRATH, GERMANY,</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Rolando G. Bohleman*      01/04/08      (305) 889-2080  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #