

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000119004

1. Entity Name
NW SEWING MACHINE CORPORATION



Principal Place of Business
**4445 NW 97TH AVENUE
MIAMI, FL 33178**

Mailing Address
**4445 NW 97TH AVENUE
MIAMI, FL 33178**

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2303305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICE, INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

**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

Signature, typed or printed name of registered agent and title if applicable

AMADA CANTERA LOPEZ

(NOTE: Registered Agent signature required when relocating)

DATE

3/15/04

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
NISHIYAMA, HIROTAKA
4445 NW 97TH AVENUE
MIAMI, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WALDMAN, RONALD
4445 NW 97TH AVENUE
MIAMI, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**U000000097580
03/29/04-80006-013 150.00**

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IN THIS SPACE**

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 officers empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

3-15-04

RONALD WALDMAN