

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000119004

FILED
May 04, 2006
Secretary of State**Entity Name:** NW SEWING MACHINE CORPORATION**Current Principal Place of Business:**4445 NW 97TH AVENUE
MIAMI, FL 33178**New Principal Place of Business:**9970 NW 89 TH. AVE
MEDLEY, FL 33178**Current Mailing Address:**4445 NW 97TH AVENUE
MIAMI, FL 33178**New Mailing Address:**9970 NW 89 TH AVE
MEDLEY, FL 33178**FEI Number:** 56-2303305**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLORIDA ANNUAL REPORT SERVICE, INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: PD () Delete
Name: NISHIYAMA, HIROTAKA
Address: 4445 NW 97TH AVENUE
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Delete
Name: WALDMAN, RONALD
Address: 4445 NW 97TH AVENUE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: WALDMAN, RONALD
Address: 9970 NW 89 TH AVE
City-St-Zip: MEDLEY, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD WALDMAN

PD

05/04/2006

Electronic Signature of Signing Officer or Director_____
Date