

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90045 006 \*\*\*150.00

**DOCUMENT # P95000051891**

1. Entity Name  
**PROLABEL, INC.**



Principal Place of Business  
**3361 NW 168TH STREET  
MIAMI, FL 33056**

Mailing Address  
**3361 NW 168TH STREET  
MIAMI, FL 33056**

**60005871**



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0592482</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, RAMON  
3361 NW 168TH ST.  
MIAMI, FL 33056**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	PVPS FERNANDEZ, RAMON J 3361 NW 168TH ST. MIAMI, FL 33056
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



6000 5871  
Division of Corporations

Annual Report

Annual Report Help

Document Number  
**P95000051891**  
Business Entity Name  
**PROLABEL, INC.**

FEI Number 650592482  
FEI Number Status  Listed Above  Applied For  Not Applicable  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

Principal Place of Business

Address 3361 NW 168TH STREET  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State MIAMI, FL  
Zip Code & Country 33056

Mailing Address

Address 3361 NW 168TH STREET  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State MIAMI, FL  
Zip Code & Country 33056

Name and Address of Registered Agent

Name (Last, First, Middle, Title) FERNANDEZ RAMON

- OR -

Business to serve as RA \_\_\_\_\_

Address (PO Box is not acceptable) 3361 NW 168TH ST.

Suite, Apt. #, etc. \_\_\_\_\_

City, State MIAMI, FL

Zip Code & Country 33056 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Ramon Fernandez*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PVPS  
Name (Last, First, Middle, Title) FERNANDEZ, RAMON, J,

- OR -

Entity Name to serve as Officer/Director

Street Address 3361 NW 168TH ST.

City, State MIAMI, FL

Zip Code & Country 33056

Title T  
Name (Last, First, Middle, Title) FERNANDEZ, RAMON, J,

- OR -

Entity Name to serve as Officer/Director

Street Address 3361 NW 168TH ST.

City, State MIAMI, FL

Zip Code & Country 33056

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

[Empty form field]

- OR -

Entity Name to serve as Officer/Director

[Empty form field]

Street Address

[Empty form field]

City, State

[Empty form field]

Zip Code & Country

[Empty form field]

Title

[Empty form field]

Name (Last, First, Middle, Title)

[Empty form field]

- OR -

Entity Name to serve as Officer/Director

[Empty form field]

Street Address

[Empty form field]

City, State

[Empty form field]

Zip Code & Country

[Empty form field]

Title

[Empty form field]

Name (Last, First, Middle, Title)

[Empty form field]

- OR -

Entity Name to serve as Officer/Director

[Empty form field]

Street Address

[Empty form field]

City, State

[Empty form field]

Zip Code & Country

[Empty form field]

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

[Empty form field]

Officer/Director Signature

*[Handwritten Signature]*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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