

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000873

Entity Name: BELL LABEL, CO.

FILED  
Jan 27, 2005  
Secretary of State

## Current Principal Place of Business:

777 MAIN ST.  
LEWISTON, ME 04240

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 196  
LEWISTON, ME 042430196

## New Mailing Address:

777 MAIN STREET  
LEWISTON, ME 04240 US

FEI Number: 01-0197242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TAGS & LABELS PRINTING, INC.  
520 NE 1ST AVE.  
HALLANDALE, FL 33009 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: OHAYON, MICHEL  
Address: 1115 W. CHESTNUT ST.  
City-St-Zip: BROCKTON, MA 02301

Title: D ( ) Delete  
Name: KRENTZMAN, HARVEY  
Address: 1115 W. CHESTNUT ST.  
City-St-Zip: BROCKTON, MA 02301

Title: D ( ) Delete  
Name: VAULE, SVEN  
Address: 1115 W. CHESTNUT ST.  
City-St-Zip: BROCKTON, MA 02301

Title: D ( ) Delete  
Name: MCCABE, JAMES V  
Address: 1115 W. CHESTNUT ST.  
City-St-Zip: BROCKTON, MA 02301

Title: PT ( ) Delete  
Name: LASKY, MARC E  
Address: 777 MAIN ST.  
City-St-Zip: LEWISTON, ME 04240

Title: S ( ) Delete  
Name: BONNEAU, JOHN V  
Address: PO BOX 7230  
City-St-Zip: LEWISTON, ME 04240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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 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: MARC E. LASKY

PRES

01/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date