

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90016 022 \*\*\*\*50.00

<b>DOCUMENT # L02000019395</b>					
<b>1. Entity Name</b> MC LABEL L.L.C.					
<b>Principal Place of Business</b> 2225 N.W. 97TH AVE. MIAMI, FL 33172			<b>Mailing Address</b> 2225 N.W. 97TH AVE. MIAMI, FL 33172		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-3646020	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  WEINTRAUB, NICOLAS 17021 N. BAY ROAD, APT. 1014 SUNNY ISLES BEACH, FL 33160				<b>7. Name and Address of New Registered Agent</b>  Name WEINTRAUB, NICOLAS Street Address (P.O. Box Number is Not Acceptable)  3025 NE 190th St. #103 City Aventura FL Zip Code 33180	
<b>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.</b>  SIGNATURE <u>NICOLAS WEINTRAUB</u> DATE <u>04-20-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRESPI, DANNY 2225 N.W. 97TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINTRAUB, NICOLAS 2225 N.W. 97TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINTRAUB, NICOLAS 2225 N.W. 97TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINTRAUB, NICOLAS 2225 N.W. 97TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>DANNY CRESPI</u>			04-20-2004		786 206-9021
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>