

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072153

FILED  
Feb 25, 2005  
Secretary of State

Entity Name: LABELS ONLINE, LLC

**Current Principal Place of Business:**

16300 NE 19TH AVENUE, STE 253  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

16300 NE 19TH AVENUE  
SUITE 253  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

16300 NE 19TH AVENUE, STE 253  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

16300 NE 19TH AVENUE  
SUITE 253  
NORTH MIAMI BEACH, FL 33162

FEI Number: 84-1659208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COHEN, MICHEL  
16300 NE 19TH AVENUE, STE 253  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

COHEN, MICHEL  
16300 NE 19TH AVENUE  
SITE 253  
NORTH MIAMI BEACH, FL 33162 US

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:

02/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GOLDBERG, ABRAHAM  
Address: 16300 NE 19TH AVENUE, STE 253  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete  
Name: COHEN, MICHEL  
Address: 16300 NE 19TH AVENUE, STE 253  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete  
Name: COHEN, RAFAEL  
Address: 16300 NE 19TH AVENUE, STE 253  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

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 is true and accurate and that my electronic 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.

SIGNATURE: MICHEL COHEN

MGR

02/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date