

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072153

FILED
Jan 29, 2007
Secretary of State

Entity Name: LABELS ONLINE, LLC

Current Principal Place of Business:

16300 NE 19TH AVENUE
SUITE 212
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16300 NE 19TH AVENUE
SUITE 212
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 84-1659208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHEL
16300 NE 19TH AVENUE
SITE 212
NORTH MIAMI BEACH, FL 33162 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOLDBERG, ABRAHAM
Address: 16300 NE 19TH AVENUE, STE 212
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: COHEN, MICHEL
Address: 16300 NE 19TH AVENUE, STE 212
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: COHEN, RAFAEL
Address: 16300 NE 19TH AVENUE, STE 212
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: COHEN, CAROLA
Address: 16300 NE 19TH AVENUE, STE 212
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:

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 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

01/29/2007

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