## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000030398

Entity Name: ETI-LABEL, INC.

FILED Apr 29, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

6991 NW 82ND AVE 6945 NW 82ND AVE 85 MIAMI, FL 33166

MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

6991 NW 82ND AVE 6995 NW 82ND AVE #5 MIAMI, FL 33166

FEI Number: 65-0994522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DMEZA, RAIZA
6991 NW 82ND AVE
#5
MIAMI, FL 33166 US

GUILLEN, ISIDRO J
6945 NW 82ND AVE
MIAMI, FL 33166 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: ISIDRO J. GUILLEN 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 JIMENEZ, LILIA R
 Name:
 JIMENEZ, LILIA R

 Address:
 6991 NW 82ND AVE
 Address:
 6945 NW 82ND AVE

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

Title: P ( ) Delete Title: P (X) Change ( ) Addition
Name: GUILLEN, FRANCISCO O Name: GUILLEN, FRANCISCO O

 Name:
 GUILLEN, FRANCISCO O
 Name:
 GUILLEN, FRANCISCO O

 Address:
 6991 NW 82ND AVE
 Address:
 6945 NW 82ND AVE

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

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: FRANCISCO O. GUILLEN PD 04/29/2005