## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## May 02, 2007 08:00 A Secretary of State DOCUMENT # P00000030398 1. Entity Name ETI-LABEL, INC. Principal Place of Business Mailing Address 6945 NW 82ND AVE 6945 NW 82ND AVE MIAMI, FL 33166 MIAMI, FL 33166 No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4 FELNumber 65-0994522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUILLEN, ISIDRO J DO NOT WRITE 6945 NW 82ND AVE MIAMI, FL 33166 IN THIS SPACE 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. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE JIMENEZ, LILIA R NAME STREET ADDRESS 6945 NW 82ND AVE CITY-ST-ZIP MIAMI, FL 33166 TITLE ``U00000757118" GUILLEN, FRANCISCO O NAME 05/23/07-80058-004 158.75 6945 NW 82ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**