

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90177 017 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000000048 1. Entity Name LABEL SOLUTIONS, INC.																							
Principal Place of Business 1100 S POWERLINE ROAD # 109 DEERFIELD BEACH, FL 33442		Mailing Address 1100 S POWERLINE ROAD # 109 DEERFIELD BEACH, FL 33442																					
2. Principal Place of Business 1061 W. OAKLAND PARK BLVD. SUITE #106 OAKLAND PARK, FL 33311		3. Mailing Address 1061 W. OAKLAND PARK BLVD. SUITE #106 OAKLAND PARK, FL 33311																					
4. FEI Number 65-1081125		Applied For ☐ Not Applicable																					
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WATANAVE, RAUL 855 TIVOLI CIR #201 DEERFIELD BEACH, FL 33441																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent's signature required when certifying)																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE D NAME WATANAVE, RAUL STREET ADDRESS 855 TIVOLI CIR #201 CITY-ST-ZIP DEERFIELD BEACH, FL 33441 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE D NAME WATANAVE, RAUL STREET ADDRESS 855 TIVOLI CIR #201 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE D NAME WATANAVE, RAUL STREET ADDRESS 4381 S.W. 10TH. PLACE 206 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 </td> <td style="width: 50%; padding: 2px;"> ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE D NAME WATANAVE, RAUL STREET ADDRESS 4381 S.W. 10TH. PLACE 206 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 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 employees.																							
SIGNATURE: 		Date 04/21/03																					

11009934



☒ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)