

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000075307**

1. Entity Name  
**ASPECIAL LABEL CO. II, INC.**



Principal Place of Business

10795 NW 53RD ST  
UNIT #205  
SUNRISE, FL 33351 US

Mailing Address

10795 NW 53RD ST  
UNIT #205  
SUNRISE, FL 33351 US

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0695074** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVY, ROBERT S  
10795 NW 53RD ST  
UNIT 205  
SUNRISE, FL 33351

**DO NOT WRITE  
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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UN00000070172  
13/01/04-80034-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LEVY, ROBERT S  
STREET ADDRESS 10795 NW 53RD ST UNIT 205  
CITY, ST, ZIP SUNRISE, FL 33351

TITLE D  
NAME LEVY, LORIE  
STREET ADDRESS 10795 NW 53RD ST UNIT 205  
CITY, ST, ZIP SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE:

*Robert S. Levy* Robert S. Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04

Date

954-749-7734

Daytime Phone #