

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000049526

**Entity Name:** EXCLUSIVE LABEL INC.**Current Principal Place of Business:**1920 E. HALLANDALE BEACH BLVD  
SUITE 900  
HALLANDALE BEACH , FL 33009**Current Mailing Address:**1920 E. HALLANDALE BEACH BLVD  
SUITE 900  
HALLANDALE BEACH , FL 33009 US**FEI Number:** 47-4216503**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | TREASURER                                  |
| Name            | ODED, AVIHU                                |
| Address         | 1920 E. HALLANDALE BEACH BLVD<br>SUITE 900 |
| City-State-Zip: | HALLANDALE BEACH FL 33009                  |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | SECRETARY                                 |
| Name            | WEINGARTEN, DAPHNA                        |
| Address         | 1920 E HALLANDALE BEACH BLVD<br>SUITE 900 |
| City-State-Zip: | HALLANDALE BEACH FL 33009                 |

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | PRESIDENT                                  |
| Name            | WEINGARTEN, ELI                            |
| Address         | 1920 E. HALLANDALE BEACH BLVD<br>SUITE 900 |
| City-State-Zip: | HALLANDALE BEACH FL 33009                  |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | DIRECTOR                                  |
| Name            | SHARVIT, ADI                              |
| Address         | 1920 E HALLANDALE BEACH BLVD<br>SUITE 900 |
| City-State-Zip: | HALALNDALE BEACH FL 33009                 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELI WEINGARTEN**PRESIDENT****06/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date