


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90273 020 \*\*\*150.00

<b>DOCUMENT # F03000001629</b>		
1. Entity Name <b>FITRACKS, INC.</b>		

Principal Place of Business <b>8890 W. OAKLAND PARK BLVD. #202 SUNRISE FL 33351</b>	Mailing Address <b>8890 W. OAKLAND PARK BLVD. #202 SUNRISE FL 33351</b>
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2. Principal Place of Business (Temp) <b>2340 Linwood Av.</b>	3. Mailing Address <b>PO Box 5208</b>
Suite, Apt. #, etc. <b>2G</b>	Suite, Apt. #, etc.

City & State <b>Fort Lee, NJ</b>	City & State <b>Englewood, NJ</b>
Zip <b>07024</b>	Zip <b>07631</b>
Country	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>26-0047447</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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## 6. Name and Address of Current Registered Agent

**MARCUS, JEFFREY I  
8890 W. OAKLAND PARK BLVD.  
#202  
SUNRISE FL 33351**

## 7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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## 10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	<b>HARPAZ, AUIHAI</b>	
STREET ADDRESS	<b>CYPRUSS WOODS, 5551 LOCKETT ST.</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33905</b>	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>MARCUS, JEFFREY</b>	
STREET ADDRESS	<b>8890 W. OAKLAND PARK BLVD., #202</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	

TITLE	Officer	<input type="checkbox"/> Delete
NAME	<b>Shlomo Mualen</b>	
STREET ADDRESS	<b>2340 Linwood Av (2G)</b>	
CITY-ST-ZIP	<b>Fort Lee, NJ 07024</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/05** **201-724-3517**  
Date Daytime Phone #