

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001629

Entity Name: FITRACKS, INC.

FILED  
Sep 09, 2006  
Secretary of State

## Current Principal Place of Business:

2340 LINWOOD AVE  
# 2G  
FORT LEE, NJ 07024

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5208  
ENGLEWOOD, NJ 07631

## New Mailing Address:

FEI Number: 26-0047447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: HARPAZ, AUIHAI  
Address: CYPRUSS WOODS, 5551 LOCKETT ST.  
City-St-Zip: FT MYERS, FL 33905

Title: T ( ) Delete  
Name: MARCUS, JEFFREY  
Address: 8890 W. OAKLAND PARK BLVD., #202  
City-St-Zip: SUNRISE, FL 33351

Title: O ( ) Delete  
Name: MUALEM, SCHLOMO  
Address: 23410 LINWOOD AVE 26  
City-St-Zip: FORT LEE, NJ 07024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHLOMI MUALEM

O

09/09/2006

Electronic Signature of Signing Officer or Director

Date