


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # F03000004429	
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1. Entity Name

EXACTCOST, INC.

Principal Place of Business

1920 E HALLANDALE BCH BLVD. STE 704  
HALLANDALE BEACH FL 33009

Mailing Address

1920 E HALLANDALE BCH BLVD. STE 704  
HALLANDALE BEACH FL 33009



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0862868

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BLVD., 43RD FLOOR  
MIAMI FL 33131

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 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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BOLLESS, YOSHI	
STREET ADDRESS	1920 EAST HALLANDALE BEACH BLVD., STE 704	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	

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

1100000246040  
02/28/05-80052-001 150.00

TITLE	D	<input type="checkbox"/> Delete
NAME	ZEFFREN, MIRA	
STREET ADDRESS	1920 EAST HALLANDALE BEACH BLVD., STE 704	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MINTZ, ILAN	
STREET ADDRESS	1920 EAST HALLANDALE BEACH BLVD., STE 704	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	HADAR, ZVI	
STREET ADDRESS	1920 EAST HALLANDALE BEACH BLVD., STE 704	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LUDOMIRSKY, ACHI	
STREET ADDRESS	1920 EAST HALLANDALE BEACH BLVD., STE 704	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BEN-NUN, AVIHU	
STREET ADDRESS	1920 EAST HALLANDALE BEACH BLVD., STE 704	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	

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

ILAN MINTZ PRES/CEO

2/28/2005 951-455-3665 ext. 10