

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000004429

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **33-0862868**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE **D** ☐ Delete
NAME **BOLLESS, YOSHI**
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD., STE 704**
CITY-STATE-ZIP **HALLANDALE BEACH FL 33009**

TITLE **D** ☐ Delete
NAME **ZEFFREN, MIRA**
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD., STE 704**
CITY-STATE-ZIP **HALLANDALE BEACH FL 33009**

TITLE **PD** ☐ Delete
NAME **MINTZ, ILAN**
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD., STE 704**
CITY-STATE-ZIP **HALLANDALE BEACH FL 33009**

TITLE **S** ☐ Delete
NAME **HADAR, ZVI**
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD., STE 704**
CITY-STATE-ZIP **HALLANDALE BEACH FL 33009**

TITLE **D** ☐ Delete
NAME **LUDOMIRSKY, ACHI**
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD., STE 704**
CITY-STATE-ZIP **HALLANDALE BEACH FL 33009**

TITLE **D** ☐ Delete
NAME **BEN-NUN, AVIHU**
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD., STE 704**
CITY-STATE-ZIP **HALLANDALE BEACH FL 33009**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **000000624662**
CITY-STATE-ZIP **02/14/07-80044-008 150.00**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

1/25/2007

994-455-5665 ext. 100