2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002978

1. Entity Name
ONREBATE.COM INC.

Principal Place of Business	Mailing Address
7795 WEST FLAGLER STREET MIAMI, FL 33144	7795 WEST FLAGLER STREET MIAMI, FL 33144

01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3512329
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LEEDS, RICHARD
STREET ADDRESS	11 HARBOR PARK DIRVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	D
NAME	LEEDS, ROBERT
STREET ADDRESS	11 HARBOR PARK DIRVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	D
NAME	LEEDS, BRUCE
STREET ADDRESS	11 HARBOR PARK DIRVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	P
NAME	DUNNE, JOE
STREET ADDRESS	7795 WEST FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	V
NAME	GOLDSCHEIN, STEVEN
STREET ADDRESS	11 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	T
NAME	SPEILLER, MICHAEL
STREET ADDRESS	11 HARBOR PARK DRIVE
CITY-ST-ZIP	PORT WASHINGTON, NY 11050

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02/10/06-80079-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ VP 2/3/2006 516-608-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #