

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90084 035 \*\*\*150.00

**DOCUMENT # L17812**

1. Entity Name  
**COST SERVICES, INC.**



Principal Place of Business  
**2667 CALLIANDRA TERRACE  
COCONUT CREEK, FL 33063**

Mailing Address  
**2667 CALLIANDRA TERRACE  
COCONUT CREEK, FL 33063**

**40003559**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0145498**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOLDOFF, DAVID  
2667 CALLIANDRA TERRACE  
COCONUT CREEK, FL 33063**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MOLDOFF, DAVID  
2667 CALLIANDRA TERRACE  
COCONUT CREEK, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
MOLDOFF, JEAN  
2667 CALLIANDRA TERRACE  
COCONUT CREEK, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*David Moldoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/06*  
Date

*9549774292*  
Daytime Phone #

ATTACHMENT 40003559

Florida Department of State, Division of Corporations

## Corporations Online

www.sunbiz.org

Electronic Filing

## Sunbiz E-file Account Application

Account Name:

Post Services Inc

E-mail Address:

law27@bellsouth.net

Mailing Address:

467 Alexander Ave

City:

Leesville Creek

State:

FL

Zip:

33063

Phone:

(954) 977-5922

Fax:

954 977-6355

Contact Person:

David Moldoff

Signature:

David Moldoff

Password:

JEANIS

(minimum length 4 characters, maximum 12 characters)

\*\*\* An account number will be E-mailed to you as soon as the application is processed \*\*\*

## Mailing Address

Division of Corporations  
Public Access Accounts  
P.O. Box 6327  
Tallahassee, FL 32314

## Courier Address

Division of Corporations  
Public Access Accounts  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

I have payed  
on line in that  
you have no place  
to request ID or PW  
if forgotten

Sunbiz Home Page

ATTACHMENT 40003559

Florida Department of State, Division of Corporations

## Corporations Online

www.sos.state.fl.us

Electronic Filing

Online Payment System

## Please Confirm Billing Information

Transaction Amount: \$150.00

Email Address: dav27@bellsouth.net

Billing Name: DAVID MOLDOFF

Billing Address: 2667 CALLIANDRA TERRACE

Billing City: COCONUT CREEK

Billing State: FL

Billing Zip: 33063

Billing Phone Number: (954) 977-4292

Payment Method: MASTERCARD

Credit Card Number: 5466410303707753

Credit Card Expiration Date: 11/2009

**Important Notice:** Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

*Correct*

ATTACHMENT

40003559

**Division of Corporations****Annual Report**

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<b>Document Number</b>	L17812
<b>Business Entity Name</b>	COST SERVICES, INC.
<b>FEI Number</b>	650145498
<b>FEI Number Status</b>	
<b>Certificate of Status Desired</b>	No
<b>Election Campaign Financing Trust Fund Contribution</b>	No

**Principal Place of Business**

<b>Address</b>	2667 CALLIANDRA TERRACE
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	COCONUT CREEK, FL
<b>Zip Code &amp; Country</b>	33063

**Mailing Address**

<b>Address</b>	2667 CALLIANDRA TERRACE
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	COCONUT CREEK, FL
<b>Zip Code &amp; Country</b>	33063

**Name and Address of Registered Agent**

<b>Name (Last, First, Middle, Title)</b>	MOLDOFF, DAVID
<b>Address</b>	2667 CALLIANDRA TERRACE
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	COCONUT CREEK, FL
<b>Zip Code &amp; Country</b>	33063 US
<b>Registered Agent Signature</b>	

**Officer/Director Name and Address**

<b>Title</b>	DP
<b>Entity Name</b>	MOLDOFF, DAVID
<b>Street Address</b>	2667 CALLIANDRA TERRACE
<b>City, State</b>	COCONUT CREEK, FL
<b>Zip Code &amp; Country</b>	

*Correct*