

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90117 010 ***150.00

DOCUMENT # G27391

1. Entity Name

HIGHGATE INVESTMENT CORP.



Principal Place of Business

3801 N. UNIVERSITY DRIVE
SUITE 320
SUNRIE FL 33351

Mailing Address

3801 N. UNIVERSITY DRIVE
SUITE 320
SUNRIE FL 33351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2268441

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SABGA, EMILE
3801 N UNIVERSITY DR #315
SUNRISE FL 33321

7. Name and Address of New Registered Agent

Name SABGA, EMILE

Street Address (P.O. Box Number is Not Acceptable)
3801 N. UNIVERSITY DR. #320

City

SUNRISE

FL

Zip Code
33351

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 V ☐ Delete
NAME RIAD BOULAS
STREET ADDRESS 3801 N UNIVERSITY DR 320
CITY-ST-ZIP SUNRISE FL

TITLE P ☐ Delete
NAME MCLAUGHLIN, JEANINE
STREET ADDRESS 3801 N. UNIVERSITY DRIVE #320
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ Delete
NAME SABGA, EMILE
STREET ADDRESS 3801 N UNIVERSITY DR #320
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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:

Jeanine McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEANINE

MCLAUGHLIN

2/27/06

954-742-2204