2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# G27391

Entity Name: HIGHGATE INVESTMENT CORP.

Current Principal Place of Business:

3801 N. UNIVERSITY DRIVE
SUITE 320
SUNRIE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3801 N. UNIVERSITY DRIVE
SUITE 320
SUNRIE, FL 33351

New Mailing Address:

FEI Number: 59-2268441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABGA, EMILE
3801 N UNIVERSITY DR #320
SUNRISE, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: RIAD BOULAS
Address: 3801 N UNIVERSITY DR 320
City-St-Zip: SUNRISE, FL

Title: P ( ) Delete
Name: MCLAUGHLIN, JEANINE
Address: 3801 N. UNIVERSITY DRIVE #320
City-St-Zip: SUNRISE, FL

Title: D ( ) Delete
Name: SABGA, EMILE
Address: 3801 N UNIVERSITY DR #320
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: RIAD BOULOS
Address: 3801 N UNIVERSITY DR 320
City-St-Zip: SUNRISE, FL 33351

Title: P (X) Change ( ) Addition
Name: MCLAUGHLIN, JEANINE
Address: 3801 N. UNIVERSITY DRIVE #320
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change ( ) Addition
Name: SABGA, EMILE
Address: 3801 N UNIVERSITY DR #320
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIAD BOULOS V.P. 04/29/2009
Electronic Signature of Signing Officer or Director Date