2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2008 8:00 am Secretary of State DOCUMENT # N06000000459 04-16-2008 90024 034 ****61.25 THE BEAUTIFUL GATE, INC. Principal Place of Business Mailing Address 60024267 1448 NW 103RD ST 1448 NW 103RD ST MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 20-4260216 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CURTIS, MARTHA** 1890 OPA LOCKA BLVD Street Address (P.O. Box Number is Not Acceptable) OPA LOCKA, FL 33054 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State 🎖 Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE 🥇 Delete TITLE ☐ Addition ☐ Change **BURNETT, PAMELA C** NAME 4 NAME 8255 NW MIAMI CT - # 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 CITY-ST-ZIP TITLE TID F ☐ Delete ☐ Change Addition **CURTIS, MARTHA** NAME NAME 1890 OPA LOCKA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CURTIS, WELLINGTON REV NAME NAME STREET ADDRESS 1890 OPA LOCKA BLVD STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition BOYD, CHARLOTTE NAME NAME STREET ADDRESS 13725 SW 90 AVE - # P202 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE TITLE Detete ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 617, 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

4/14/08

FILED