
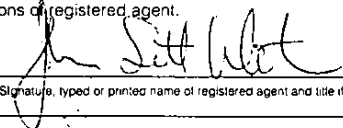
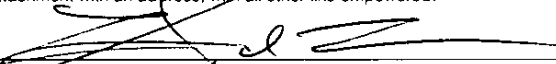


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90061 025 ****61.25

DOCUMENT # N20222 1. Entity Name GATEWAY OFFICE/TECH CONDOMINIUM ASSOCIATION II, INC.					
Principal Place of Business 4969 S.W. 74TH COURT MIAMI, FL 33155			Mailing Address 4969 S.W. 74TH COURT MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7250 SW 39 Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, Florida		4. FEI Number 65-0027873	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33155		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUIZ DE CASTILLA, CHARLES 4993 S.W. 74TH COURT MIAMI, FL 33155			7. Name and Address of New Registered Agent Name JOHN SCOTT WESTON Street Address (P.O. Box Number is Not Acceptable) 7250 SW 39 Terrace Miami, City Florida FL Zip Code 33155		
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  John Scott Weston Prop. Mngr 1-23-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ DE CASTILLA, CHARLES 4993 S.W. 74TH COURT MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M REBULL, PATRICK 4941 SW 74 COURT MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAMERS, THIERRY S 4989 S.W. 74TH COURT MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEDAN, BORIS 7132 SW 47 STREET MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURM, CURT 4969 S.W. 74TH COURT MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ALEX 4961 S.W. 74TH COURT MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 1/23/07			Daytime Phone #		