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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2004 OCT -5 PM 2:22

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115659

1. Entity Name
HIGATE, INC.

Principal Place of Business

Mailing Address

[redacted]

2. Principal Place of Business	3. Mailing Address
35 Kilmartin Road	35 Kilmartin Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ilford. Essex	City & State: Ilford. Essex
Zip: IG3 9PF — Country: ENGLAND	Zip: IG3 9PF — Country: ENGLAND

4. FEI Number 960501885 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: A1A REGISTERED AGENT INC

Street Address (P.O. Box Number is Not Acceptable): 92 SADBERRY ROAD

City: QUINCY FL Zip Code: 32351

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] MARIELA LIPSON — 10/01/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Theo Riaye	NAME	600041604326
STREET ADDRESS	35 Kilmartin Road	STREET ADDRESS	10/05/04--01032--003 **150.00
CITY-ST-ZIP	Ilford. Essex ENGLAND IG3 9PF	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLAN PRASAD	NAME	
STREET ADDRESS	45 BRANCH ROAD	STREET ADDRESS	
CITY-ST-ZIP	HAINAULT ESSEX ENGLAND 1G3 3TL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	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 exemption stated in Section 119.07(3)(i), 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: [signature] Theo Riaye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DATE: 09/20/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: Theo Riaye
HIGATE, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT +44 20 8553 3718 or theo.riaye@horantholdings.com

THANKS,

Theo Riaye, **Director &** President
HIGATE, INC.