06-23-2006 90009 016 ***150.00
P03000100453

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
06 NOV -6 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40096803

DOCUMENT # P03000100453

1. Entity Name: Marketgate Usa, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 12378 SW 127 AVE
Suite, Apt. #, etc.
City & State: Miami - Florida
Zip: 33186 Country

3. Mailing Address: 12378 SW 127 AVE
Suite, Apt. #, etc.
City & State: Miami - Florida
Zip: 33186 Country

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4. FEI Number: 57-1186202 Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: ENRIQUE AROSEMENA
Street Address (P.O. Box Number is Not Acceptable): 14008 SW 132nd Ave
14008 SW 132nd AVE
City: Miami FL Zip Code: 33186

DO NOT WRITE IN THIS SPACE

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] 10-30-2006

January 1 - May 1 Fee is $150.00
After May 1 Fee is $300.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President ENRIQUE AROSEMENA 14008 SW 132 AVE - Mia - Fl - 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vicepresident DENISE AROSEMENA 14008 SW 132 Ave - Mia - Fl - 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[initials] 11/7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6-20-2006 3059699501
Date Daytime Phone #