2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 01, 2004 8:00 am Secretary of State DOCUMENT # P03000108101 03-01-2004 90034 027 ***150.00 1. Entity Name FIRST GATE CORP. Mailing Address Principal Place of Business A 1 0 0 T 0 1 A 2875 NE 191ST STREET 801 2875 NE 191ST STREET 801 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01282004 Chg-P Applied For 4. FEI Number City & State City & State -*05*93527 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SERBER, DANIEL JESQ Street Address (P.O. Box Number is Not Acceptable) SERBER & ASSOCIATES, P.A. 2875 NE 191ST STREET SUITE 801 AVENTURA, FL 33180 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE JACOBOMIZRAHI: PENHOS ☐ Delete TITLE PENHOS, JACOBO M NAME NAME 2875 NE 191 STREET#801 STREET ADDRESS 2875 NE 191ST STREET 801 STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 JOSE MIZRAHI DANIEL TITLE Delete TITI F NAME NAME 2875 NE 191 STEEET # 801 STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 feport 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.

Lasobo Mizrahi Penhos 16 feb 2004 (303)

FILED