2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P05000003241

Entity Name: GATE MEDIA AUDIOVISUAL, CORP.

Current Principal Place of Business:

275 FONTAINEBLEAU BLVD.
STE. 170
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

275 FONTAINEBLEAU BLVD.
STE. 170
MIAMI, FL 33172

New Mailing Address:

5141 S.W 159 AVE
MIAMI, FL 33185

FEI Number: 52-2448214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTAMIRANO, LUIS J
5141 SW 159 AVE.
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

ALTAMIRANO, GABRIELA
5141 SW 159 AVE.
MIAMI, FL 33185 US

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.

SIGNATURE: GABRIELA ALTAMIRANO 04/25/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALTAMIRANO, GABRIELA
Address: 275 FONTAINEBLEAU BLVD., STE. 170
City-St-Zip: MIAMI, FL 33172

Title: COOD (X) Delete
Name: MCCANN, CARMEN J
Address: 275 FONTAINEBLEAU BLVD., STE. 170
City-St-Zip: MIAMI, FL 33172

Title: CFOD ( ) Delete
Name: ALTAMIRANO, LUIS J
Address: 275 FONTAINEBLEAU BLVD., STE. 170
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALTAMIRANO, GABRIELA
Address: 5141 SW 159 AVE
City-St-Zip: MIAMI, FL 33185

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ALTAMIRANO, LUIS J
Address: 5141 SW 159 AVE
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELA ALTAMIRANO PD 04/25/2007
Electronic Signature of Signing Officer or Director Date