

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90027 027 ***150.00

DOCUMENT # P93000084458

1. Entity Name
GULF GATE APARTMENTS, INC.

Principal Place of Business: 1251 AVENUE OF THE AMERICAS, 36TH FLOOR, NEW YORK NY 10020 US
 Mailing Address: 1251 AVENUE OF THE AMERICAS, 36TH FLOOR, NEW YORK NY 10020 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ Zip: _____ Country: _____

4. FEI Number: **65-0455821** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



MOORE CR2E034 (11/03)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: STREICKER, JOHN H STREET ADDRESS: 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: LONGO, ELIZABETH STREET ADDRESS: 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BRESLIN, ELIZABETH STREET ADDRESS: 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE: _____ NAME: Breslin, Anita STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WEINER, DAVID STREET ADDRESS: 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: CASSIDY, MILLIE STREET ADDRESS: 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE: DV NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WEINBERGER, MICHAEL J STREET ADDRESS: 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Conner J. Walters Secretary 1/27/04 212-408-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #