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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90500 007 ***150.00

DOCUMENT # P95000093522

1. Entity Name
EASTGATE MANAGEMENT, INC.



Principal Place of Business
**5847 SAN FELIPE STE 4650
HOUSTON, TX 77057**

Mailing Address
**5847 SAN FELIPE STE 4650
HOUSTON, TX 77057**

04030944



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0487337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303**

**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, 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MANGALJI, MAJID A 5847 SAN FELIPE STE 4650 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MANGALJI, MOEZ 5847 SAN FELIPE STE 4650 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MANGALJI, FERED 5847 SAN FELIPE STE 4650 HOUSTON, TX 77057
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04
Date

713-782-9100
Daytime Phone #