

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90037 049 ***150.00

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1. Entity Name

BGGATE, INC.



Principal Place of Business

2875 NE 191ST STREET SUITE 404
 AVENTURA FL 33180

Mailing Address

2875 NE 191ST STREET SUITE 404
 AVENTURA FL 33180

94040602



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0854118

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINHARD, SANFORD N
 2875 NE 191ST STREET SUITE 404
 AVENTURA FL 33180

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

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

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 VP Delete
 NAME RAPP, PAULINE
 STREET ADDRESS 24 MCMORRAN CRESCENT
 CITY-ST-ZIP THORNHILL, ONTARIO l4j- 2t5

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP THORNHILL, ONTARIO, L4J 2T5

TITLE P Delete
 NAME GOLDLIST, HARRY
 STREET ADDRESS 1 CLARK AVE WEST UNT 1104
 CITY-ST-ZIP THORNHILL ON l4-5746

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP THORNHILL, ONTARIO L4J 7Y6

TITLE S Delete
 NAME GOLDLIST, BARRY
 STREET ADDRESS 138 GREY RD
 CITY-ST-ZIP TORONTO ON m5-m4g1

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP TORONTO, ONTARIO M5M 4G1

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 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:

BARRY G. GALALIST
 BARRY G. GALALIST

MAR 31/04

Date

416 822-8792

Daytime Phone #