

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 373817

1. Entity Name
GATEWAY AGENCY, INC.



Principal Place of Business
7252 NW 25TH ST
MIAMI, FL 33122

Mailing Address
7252 NW 25TH ST
MIAMI, FL 33122



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1315601

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, ANTONIO M.JR.
384 SW 188TH AVENUE
PEMBROKE PINES, FL 33029

**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

1100000126090
04/23/04-80018-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, ANTONIO M.JR. 384 SW 188TH AVENUE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, HELEN 913 STANBERRY DR. BRANDON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FANTAZZO, LORRAINE D 16201 NW 18TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, ANTONIO M III 8710 NW 10 ST PEMBROK PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DIAZ, MARK D 7840 N.W. 14TH ST PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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

ANTONIO M DIAZ JR

4-21-04

305-592-4900

Date

Daytime Phone #