2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 373817

Title:

Name:

Address:

City-St-Zip:

VDT

DIAZ, MARK D

2410 SW 17 PLACE

CAPE CORAL, FL 33914

() Delete

Entity Name: GATEWAY AGENCY, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2801 NW 74TH AVENUE 206			2801 NW 74TH AVEN 209	2801 NW 74TH AVENUE	
MIAMI, FL 33122			MIAMI, FL 33122		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2801 NW 74TH AVENUE				2801 NW 74TH AVENUE	
206 MIAMI, FL 33122			MIAMI, FL 33122	209 MIAMI, FL 33122	
FEI Number	: 59-1315601	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
384 SW 18	TONIO M.JR. 88TH AVENUE KE PINES, FL				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DIAZ, ANTONIC 384 SW 188TH	*	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIAZ, HELEN, 16201 NW 18T) Delete H STREET NES, FL 33028	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIAZ, IONE L 16201 NW 18T) Delete H STREET NES, FL 33028	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIAZ, ANTONIO 104 NW 109 A		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTONIO M DIAZ JR PRES 03/19/2009

() Change () Addition