## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 02, 2007 08:00 AN Secretary of State DOCUMENT # G27391 1. Entity Name HIGHGATE INVESTMENT CORP. Principal Place of Business Mailing Address 3801 N. UNIVERSITY DRIVE 3801 N. UNIVERSITY DRIVE SUITE 320 SUNRIE FL 33351 SUNRIE FL 33351 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 59-2268441 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SABGA, EMILE Street Address (P.O. Box Number is Not Acceptable) 3801 N UNIVERSITY DR #320 SUNRISE FL 33321 City 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, lyped or printed hame of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11110 Change ☐ Delete шь Addition RIAD BOULAS NAMI. NAMI 3801 N UNIVERSITY DR 320 STREET ADORESS STREET ADDRESS SUNRISE FL U00000617845 CHY+S1-ZIP CITY-ST-7IP 02/08/07-80006-008 - 50 00 O Addition 11111 Delete TITLE NAME MCLAUGHLIN, JEANINE NAME 3801 N. UNIVERSITY DRIVE #320 STREET ADDRESS STREET ADDRESS SUNRISE FL CHY-S1-7IP CITY-SI-7IP TITLL ☐ Delete TITLE Change Addition SABGA, EMILE NAMI NAM STREET ADDRESS 3801 N UNIVERSITY DR #320 STREET ADDRESS SUNRISE FL CHY-S1-7IP CITY-ST-ZIP DHE Delete THEF □ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDNESS CHY+SI-7P CITY-ST-7/P HILL ☐ Defete TITLE Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-S1-7IP HIII ☐ Delete RHE Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

652-377.456 Legisland