

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84787

Entity Name: THE GIFT GATE, INC.

FILED  
Mar 17, 2006  
Secretary of State

**Current Principal Place of Business:**

14261 SW 106 TERR.  
G109  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

14261 S. W. 106 TERRACE  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 59-2618905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZUNIGA, MARIA TERESA  
14261 SW 106 TER  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZUNIGA, ORLANDO,  
Address: 14261 SW 106 TERR.  
City-St-Zip: MIAMI, FL

Title: STD ( ) Delete  
Name: ZUNIGA, MARIA T.,  
Address: 14261 SW 106 TERR.  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARIA T. ZUNIGA

STD

03/17/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date