

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004555

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE GATE RESTORATION ORGANIZATION, INC.

Current Principal Place of Business:

3253 FOXCROFT ROAD
G315
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

3253 FOXCROFT ROAD
G315
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 56-2576976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONDESIR, GINA
16400 N.W. 15 AVENUE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

MCDOWELL, LEROY
3253 FOXCROFT RD G315
MIRAMAR, FL 33025 US

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: LEROY MCDOWELL

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDOWELL, LEROY
Address: 3253 FOXCROFT ROAD, #G315
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: MCDOWELL, NIKICHA
Address: 3253 FOXCROFT ROAD, #G315
City-St-Zip: MIRAMAR, FL 33025

Title: DIR. () Delete
Name: WRIGHT, JAMES E JR.
Address: 16400 N.W. 15 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: DIR. () Delete
Name: WRIGHT, JACQUELINE S
Address: 16400 N.W. 15 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: DIR. () Delete
Name: LINDSEY, VIRGINIA
Address: 16400 N.W. 15 AVENUE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY MCDOWELL

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date