


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N13579 1. Entity Name GATEWAY OFFICE/TECH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7400 S.W. 48 STREET MIAMI, FL 33155 US	Mailing Address PO BOX 830273 MIAMI, FL 33283-0273 US
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2798846	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKRUD, INC. 201 ALHAMBRA DRIVE STE 1102 MIAMI, FL 33134
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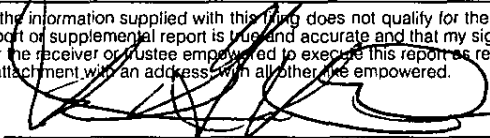
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANGEL, NELLO 7400 S.W. 48 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPER, CLEVE 7400 S.W. 48 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, JUAN 7400 S.W. 48 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ-ALONSO, DAMON G 7450 SW 48 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUAREZ, FRANK 7430 SW 48 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000690838 04/12/07-80006-009 61.25</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other persons empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____