

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045872

Entity Name: LINCO GATEWAY, INC.

FILED  
May 01, 2004  
Secretary of State

## Current Principal Place of Business:

2826 SHADOW VIEW CIRCLE  
MAITLAND, FL 32751

## New Principal Place of Business:

3674 ROLLING HILLS LANE  
APOPKA, FL 32712

## Current Mailing Address:

380 S. SR 434  
1004-354  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 59-3714142      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAPPAS, PETER C  
225 E. ROBINSON ST., SUITE 540  
ORLANDO, FL 32801

## 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: D ( ) Delete  
Name: COHEN, OFIR A  
Address: 2826 SHADOW VIEW CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: LINDENBERG, LIRAZ  
Address: 2826 SHADOW VIEW CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: LINDENBERG, AMRAM  
Address: 2826 SHADOW VIEW CIRCLE  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COHEN, OFIR A  
Address: 3674 ROLLING HILLS LANE  
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition  
Name: LINDENBERG, LIRAZ  
Address: 3674 ROLLING HILLS LANE  
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition  
Name: LINDENBERG, AMRAM  
Address: 3674 ROLLING HILLS LANE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OFIR A COHEN

D

05/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date