


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90117 006 \*\*\*150.00

<b>DOCUMENT # P01000048951</b> 1. Entity Name <b>GATE POWER, INC.</b>					
Principal Place of Business <b>8070 NW 53RD STREET #110 MIAMI FL 33166 US</b>			Mailing Address <b>8070 NW 53RD STREET #110 MIAMI FL 33166 US</b>		
2. Principal Place of Business <b>13499 BISCAYNE BLVD. SUITE # 214</b>			3. Mailing Address <b>13499 BISCAYNE BLVD. SUITE # 214</b>		
City & State <b>NORTH MIAMI, FL</b>			City & State <b>NORTH MIAMI, FL</b>		
Zip <b>33181</b>		Country <b>USA</b>		Zip <b>33181</b>	
Country <b>USA</b>		4. FEI Number <b>65-1104405</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>TORRES, JOSE 10305 NW 41 STR., STE 116 MIAMI FL 33178</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PTD</b> <input type="checkbox"/> Delete NAME <b>SADALLA, MARCOS</b> STREET ADDRESS <b>RUA LUCINDA RABELO 306 AP 32 VILA MILTON</b> CITY-ST-ZIP <b>GUARULHOS/SP-BRASIL</b>			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <b>VD</b> <input type="checkbox"/> Delete NAME <b>DE OLIVEIRA, FERNANDO J</b> STREET ADDRESS <b>RUA NILO TORRES, 124 AP 22 JD UMUARAMA</b> CITY-ST-ZIP <b>SAO PAULO/SP-BRASIL</b>			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <u>Roseann Prado</u> - ROSEANN PRADO <span style="float: right;">04/01/05 305-947-3877</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/04)

Applied For  
Not Applicable

**\$8.75 Additional Fee Required**

**FL** Zip Code

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Date

Daytime Phone #