
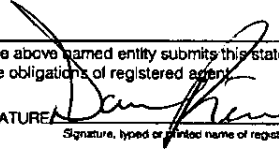


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90086 019 \*\*\*150.00

<b>DOCUMENT # P03000061088</b> 1. Entity Name <b>SUNSTATE GATE, INC.</b>					
Principal Place of Business <b>5104 CONDADO TERRACE PORT CHARLOTTE, FL 33981</b>			Mailing Address <b>5104 CONDADO TERRACE PORT CHARLOTTE, FL 33981</b>		
2. Principal Place of Business <b>5104 CONDADO TR</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Port Charlotte FL</b>			City & State 		
Zip <b>33981</b>			Country 		
Country <b>Charlotte</b>					
4. FEI Number <b>42-1596469</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>RIVERA, DAWN 5104 CONDADO TERRACE PORT CHARLOTTE, FL 33981</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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:  <div style="text-align: right; margin-top: 10px;"> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RIVERA, DAWN</b> <b>5104 CONDADO TERRACE</b> <b>PORT CHARLOTTE, FL 33981</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RIVERA, ARMANDO</b> <b>5104 CONDADO TERRACE</b> <b>PORT CHARLOTTE, FL 33981</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE:  <div style="text-align: right; margin-top: 10px;"> <b>3-11-04</b>  <small>Date Daytime Phone #</small> </div>					

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