



FILED
Jan 20, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P03000067691 | | Secretary of State | |
| 1. Entity Name GATEUNO, INC. | |  | |
| Principal Place of Business 2911 S.W. 97TH AVENUE MIAMI, FL 33165-3046 | | Mailing Address % ARISTIDES U. MENDEZ-INSUA 2911 S.W. 97TH AVENUE MIAMI, FL 33165-3046 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01122005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 75-3120402 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MENDEZ-INSUA, ARISTIDES U CPA 2911 S.W. 97TH AVENUE MIAMI, FL 33165-3046 | | 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE 000000187095 01/21/05-80085-012 150.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS MENDEZ-INSUA, ARISTIDES U CPA 2911 S.W. 97TH AVENUE MIAMI, FL 331653046 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ORTEGA-TAIN, JOSE 2911 S.W. 97TH AVENUE MIAMI, FL 331653046 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVT MENDEZ-INSUA, JUANA 2911 S.W. 97TH AVENUE MIAMI, FL 331653046 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE 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)(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: _____ | | Date: Jan 14, 2005 Daytime Phone #: 305.221.5661 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |