


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000067691</b>	
1. Entity Name <b>GATEUNO, INC.</b>	

Principal Place of Business <b>2911 S.W. 97TH AVENUE MIAMI, FL 33165-3046</b>	Mailing Address <b>% ARISTIDES U. MENDEZ-INSUA 2911 S.W. 97TH AVENUE MIAMI, FL 33165-3046</b>
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03122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3120402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MENDEZ-INSUA, ARISTIDES U CPA 2911 S.W. 97TH AVENUE MIAMI, FL 33165-3046</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
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
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04/10/06-80049-004 150.00

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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 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:**  **Aristides U. Mendez-Insua President 3-22-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #