

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000067691

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**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3120402

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000596764
01/24/07-80009-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MENDEZ-INSUA, ARISTIDES U CPA
STREET ADDRESS	2911 S.W. 97TH AVENUE
CITY-ST-ZIP	MIAMI, FL 331653046

TITLE	VD
NAME	ORTEGA-TAIN, JOSE
STREET ADDRESS	2911 S.W. 97TH AVENUE
CITY-ST-ZIP	MIAMI, FL 331653046

TITLE	DVT
NAME	MENDEZ-INSUA, JUANA
STREET ADDRESS	2911 S.W. 97TH AVENUE
CITY-ST-ZIP	MIAMI, FL 331653046

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] President. 1/18/07 (305) 221-5661

ch # 1010 of 1/18/07 - \$150.00