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Secretary of State
04-16-2008 90014 008 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000067691

1. Entity Name
GATEUNO, INC.

60023793

Principal Place of Business	Mailing Address
2911 S.W. 97TH AVENUE MIAMI, FL 33165-3046	% ARISTIDES U. MENDEZ-INSUA 2911 S.W. 97TH AVENUE MIAMI, FL 33165-3046

04032008 No Chg-P CR2E034 (11/05)

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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
2911 S.W. 97TH AVENUE
MIAMI, FL 33165-3046

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MENDEZ-INSUA, ARISTIDES U
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	

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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 4/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #