

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000075133	
1. Entity Name GATO MEDIA, INC.	

Principal Place of Business 189 NW100TH TERR MIAMI SHORES, FL 33150 US	Mailing Address 189 NW100TH TERR MIAMI SHORES, FL 33150 US
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1064081	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

**SEGRERA, VERONICA
189 NW 100 TERR.
MIAMI SHORES, FL 33150**

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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 reappointing)

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	PD RODRIGUEZ, HUMBERTO E 7601 E TREASURE DR NO. 1503 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD SEGRERA, VERONICA 7601 E TREASURE DR NO. 1503 MIAMI, FL 33141
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03/30/06-00008-014 150.00

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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 registered agent 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

VERONICA SEGRERA Sec 2/27/06

Date

Daytime Phone #