

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90134 017 ***150.00

DOCUMENT # P03000080822

1. Entity Name
GATEMOTORS, INC.



Principal Place of Business
1334 WEST 43RD PLACE
HIALEAH, FL 33012 US

Mailing Address
~~1334 WEST 43RD PLACE~~ 11851 SW 35 ST,
~~HIALEAH, FL 33012 US~~ MIAMI, FL.
33175

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1198622

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOLEDO, JULIO Y SR.
1334 WEST 43 PLACE
HIALEAH, FL 33012

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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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOLEDO, JULIO Y SR
STREET ADDRESS	1334 WEST 43 PLACE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	SYLVIA TOLEDO
STREET ADDRESS	11851 SW 35 STREET
CITY-ST-ZIP	MIAMI, FL. 33175
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 exemption stated in Section 119.07(3)(i), 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:

Sylvia Toledo SYLVIA TOLEDO

04-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #