

2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/ **FILED**
Jul 31, 2006 8:00 am
Secretary of State

07-11-2006 90027 024 ***158.75
07-31-2006 90001 039 ***400.00

DOCUMENT # P05000109749

1. Entity Name
GATEWAY TO RECOVERY, INC.



Principal Place of Business
**620 LAVERS CIRCLE, SUITE #122
DELRAY BEACH, FL 33444**

Mailing Address
**620 LAVERS CIRCLE, SUITE #122
DELRAY BEACH, FL 33444**

50023312



2. Principal Place of Business
**660 Linton Blvd -
Suite, Apt. #, etc.
suite 112**

3. Mailing Address
**660 Linton Blvd
Suite, Apt. #, etc.
suite 112**

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33444

Country
US

Zip
33444

Country
U.S.

01112006 Chg-P CR2E034 (11/05)

4. FEI Number
161729460

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Michael Melichar* (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MELICHAR, MICHAEL 620 LAVERS CIRCLE, SUITE #122 DELRAY BEACH, FL 33444 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	James Schechter ☐ Change ☒ Addition 660 Linton Blvd suite #112 DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV LOPEZ, GILBERTO 620 LAVERS CIRCLE, SUITE #122 DELRAY BEACH, FL 33444 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 info empowered.

SIGNATURE: *Michael Melichar* **Michael Melichar** 6/30/06 414-4897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

7/25/06



please include
certificate of status

Michael Melichar
660 Linton Blvd
suite 112

President
Treasurer

Delray Beach FL
33444

50023312
#P05000109799

Gilbert Lopez
660 Linton Blvd
suite 112
Delray Beach FL
33444

Vice-president

James Schechter
660 Linton Blvd
suite 112

secretary

Delray Beach FL
33444

Michael Melichar
Michael Melichar

(561) 414-4897