

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000094817

FILED
Feb 20, 2012
Secretary of State

Entity Name: DISTRIBGATES, INC.

Current Principal Place of Business:

499 N STATE ROAD 434 STE 2063
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

499 N STATE ROAD 434 STE 2063
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 99-0370382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYER, FRANCIS M ESQ
BOYER LAW FIRM, P.L.
9471 BAYMEADOWS ROAD STE 404
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SAINT-VAL, ISABELLE
Address: IMPASSE SAINT-VAL MORIN 97120 SAINT-CLAUDE
City-St-Zip: GUADELOUPE, FWI, XX XX

Title: D
Name: JULAN, TONY
Address: 21 RUE CACOVILLE FONDS CACAO 97130 CAPESTE
City-St-Zip: GUADELOUPE, FWI, XX XX

Title: D
Name: BURNER, REMI
Address: AVENUE SAINTE-ROSE DE LIMA 97115 SAINTE-RO
City-St-Zip: GUADELOUPE, FWI, XX XX

Title: D
Name: DELEM, LINA
Address: 21 RUE CACOVILLE FONDS CACAO 97130 CAPESTE
City-St-Zip: GUADELOUPE, FWI, XX XX

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ISABELLE SAINT-VAL

D

02/20/2012

Electronic Signature of Signing Officer or Director

Date