
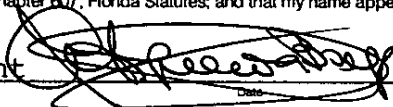


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90048 039 ***150.00

DOCUMENT # P92000012457 1. Entity Name AMERICA'S GATEWAY BUSINESS CENTER, INC.					
Principal Place of Business 2170 NW 87 AVE STE 104 MIAMI, FL 33172			Mailing Address 2170 NW 87 AVE STE 104 MIAMI, FL 33172		
2. Principal Place of Business 2182 NW 87 Ave Suite, Apt. #, etc. -----		3. Mailing Address 2182 NW 87th Ave Suite, Apt. #, etc. -----			
City & State Doral, Florida		City & State Doral, Florida		4. FEI Number 65-0388561	
Zip 33172		Country -----		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T 2865 S. BAYSHORE DR, STE 200 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name O'NAGHTEN, JUAN T Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th Suite Suite 300 City MIami FL Zip Code 33133	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FIGUEROA-BORGEN, AMALIA E STREET ADDRESS 2170 NW 87 AVE SUITE 104 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE P NAME Figueroa-Borgen Amalia E. STREET ADDRESS 2182 NW 87th Ave CITY-ST-ZIP Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME IBANEZ, AGUSTIN STREET ADDRESS PRIVADA DE HORACIO #10 CITY-ST-ZIP MEXICO DF, MX 11510	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME AZCARRAGA, JAIME STREET ADDRESS PRIVADA DE HORACIO # 10 CITY-ST-ZIP MEXICO DF, MX 11510	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: Amalia Figueroa-Borgen/President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				 Date: _____ Daytime Phone #: 305-436-0265	