2003 FOR PROFIT CORPORATION

FILED Feb 24, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State P94000033999 **DOCUMENT #** 1. Entity Name 02-24-2003 90229 026 ***150.00 GATEWAY TRAVEL, CORP. Principal Place of Business Mailing Address 7061 GRAND NATIONAL DR 7061 GRAND NATIONAL DR **TARKDD7**2 #109 #109 ORLANDO FL 32819 ORLANDO FL 32819 US US 2. Principal Place of Business 3. Mailing Address 7031 GRAND NATIONAL DA 7031 BRAND NATIONAL DA. Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE ☐ CHECK HERE IF MAKING CHANGES SUITE 4. FEI Number ORLANDO FL Applied For 59-3240067 ORLANDO Not Applicable Country VS A USA 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **FELIPE SANTOS** 7061 GRAND NATIONAL DR #109 BLEN HE'M ORLANDO FL 32819 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) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change SANTOS, FELIPE ☐ Addition JOSE FELIPE SANTOS NAME NAME 7061 GRAND NATIONAL DR #109 STREET ADDRESS 643 BLENNEIM LOOP STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-7IP WINTER SPRINGS FL 32708 ☐ Delete TITLE VOS ☐ Addition NAME SANTOS, ROSEMARY NAME ROSEMARY SANTOS STREET ADDRESS 7061 GRAND NATIONAL DR #109 STREET ADDRESS 643 BLENHEIM LOOP CITY-ST-ZIF ORLANDO FL 32819 CITY-ST-ZIP WINTER SPRINGS TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MARTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE