


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000044573 1. Entity Name GATEWAY WAREHOUSE & CONSOLIDATORS, INC.	
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Principal Place of Business 11125 S.W. 29TH ST. DORAL, FL 33172 US	Mailing Address 11125 S.W. 29TH ST. DORAL, FL 33172 US
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02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0598922	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ESPINOSA, FERNANDO 4920 SW 78 ST MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, FERNANDO 11125 S.W. 29TH ST. DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, JULIE R. 11125 S.W. 29TH ST. DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, SILVIA 11125 S.W. 29TH ST. DORAL, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/08-80078-012-150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	3-7-08	305-591-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #