

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000013347

1. Entity Name
GATEWAY MORTGAGE BANKERS, INC.



Principal Place of Business
**6101 BLUE LAGOON DR
SUTIE 400
MIAMI, FL 33126 US**

Mailing Address
**6101 BLUE LAGOON DR
SUTIE 400
MIAMI, FL 33126 US**

FILED
2007 MAR 23 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0757266

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ, ELA
6101 BLUE LAGOON DR
STE 400
MIAMI, FL 33126**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

100095802331
04/04/07--01036--001 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SANCHEZ, ELA
6101 BLUE LAGOON DR SUTIE 400
MIAMI, FL 33126**

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B 3/19/07

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #