## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000026727

1. Entity Name GERGATE HOLDINGS, INC.



FILED Mar 15, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2875 NE 191ST ST STE 404 NO MIAMI BEACH, FL 33180 2875 NE 191ST ST STE 404 NO MIAMI BEACH, FL 33180



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0664754 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

REINHARD, SANFORD N 2875 NE 191ST ST STE 404 NO MIAMI BEACH, FL 33180

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and acc
SIGNATURE_	Signature, typed or printed name of registered agent and the	t eppticable. (NOTE, Registered	Agent signature	required when reinstating)	DAIE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIRECT	TORS			
Title Name Street address City-St-Zip	P GOLDLIST, BARRY JOSEPH 97 HOWLAND AVE. TORONTO, ONTARIO, CA m5r 3b4		100000468242 03/24/06-80023-009 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	SD GOLDLIST, GEROLD 139 STRATHEARN ROAD TORONTO, CANADA, m6c1r7				
title Name Street Address City-St-Zip					
title Name Street åddress City-St-Zip					
Title Name Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Designed Statutes. I further certify that the information inclination in chapter 119, Florida Statutes. I further certify that the information inclination in chapter 119, Florida Statutes. I further certify that I am an officer or direction of the corporation or the receiver of that I am an officer or direction of the corporation or the receiver of the corporation of the corpora