

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90021 041 ***150.00

DOCUMENT # P96000026728

1. Entity Name
HONGATE HOLDINGS, INC.



Principal Place of Business
**2875 NE 191ST STREET STE 404
 NO MIAMI BEACH, FL 33180**

Mailing Address
**2875 NE 191ST STREET STE 404
 NO MIAMI BEACH, FL 33180**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0664766	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
 IN THIS SPACE**

B. 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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	PS GOLDLIST, HONEY 449 WALMER ROAD, SUITE 602 TORONTO, ON m5p2x9
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

Suite 602

**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 *Honey Goldlist* **HONEY GOLDLIST** *Feb. 20/2008* *416-969-9248*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #