


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90036 001 ***150.00

DOCUMENT # P96000026732			
1. Entity Name HARGATE 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

94040600



MOORE CR2E034 (11/03)

4. FEI Number 65-0664746		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REINHARD, SANFORD N 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	


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** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP <input type="checkbox"/> Delete	NAME RAPP, PAULINE STREET ADDRESS 24 MCMORRAN CRESCENT CITY-ST-ZIP THORNHILL, ONTARIO I4j- 2t5	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS THORNHILL, ONTARIO L4J 2T5
TITLE P <input type="checkbox"/> Delete	NAME GOLDLIST, HARRY STREET ADDRESS 1 CLARK AVENUE WEST UNIT 1104 CITY-ST-ZIP TITORHILL ON I4-j7y6	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS THORNHILL, ONTARIO L4J 7Y6
TITLE S <input type="checkbox"/> Delete	NAME GOLDLIST, BARRY G STREET ADDRESS 138 GREY RD CITY-ST-ZIP TORONTO ON m5-magi	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS TORONTO, ONTARIO M5M 4G1
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BARRY G. GOLDLIST** **MAR 3/04** **(416) 822-8792**