

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

94040600



MOORE CR2E034 (11/03)

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **65-0664746** **Applied For**
 Not Applicable

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

7. Name and Address of New Registered Agent
 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** _____
 Signature, typed or printed name of registered agent and title if applicable

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

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	P	<input type="checkbox"/> Delete
NAME	GOLDLIST, HARRY	
STREET ADDRESS	1 CLARK AVENUE WEST UNIT 1104	
CITY-ST-ZIP	TITORHILL ON I4-j7y6	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDLIST, BARRY G	
STREET ADDRESS	138 GREY RD	
CITY-ST-ZIP	TORONTO ON m5-magi	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	THORNHILL, ONTARIO L4J 2T5	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	THORNHILL, ONTARIO L4J 7Y6	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO M5M 4G1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **BARRY G. GOLDLIST** **MAR 31/04** **(416) 822-8792**
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #