2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

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

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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

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	VP
NAME	RAPP, PAULINE
STREET ADDRESS	24 MCMORRAN CRESCENT
CITY-ST-ZIP	THORNHILL, ONTARIO, l4j 2t5
TITLE	P
NAME	GOLDLIST, HARRY
STREET ADDRESS	1 CLARK AVENUE WEST UNIT 1104
CITY-ST-ZIP	THORNHILL, ONTARIO, l4j 7y6
TITLE	S
NAME	GOLDLIST, BARRY G
STREET ADDRESS	138 GREY RD
CITY-ST-ZIP	TORONTO, ONTARIO, m5m 4g1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000391222
04/23/08-80016-024 150.00

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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: BARRY G. GOLDLIST 4/2/08 4168228792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #