

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # P96000026735

1. Entity Name
BDGATE 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



01042008 No Chg-P CR2E034*(11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0664755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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**

U000000862561
04/03/08-80053-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDLIST, BARRY DAVID 123 DEWBOURNE AVE TORONTO, ON m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDLIST, RENEE 123 DEWBOURNE AVE TORONTO, ON m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDLIST, PAUL 123 DEWBOURNE AVE TORONTO, ON m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/08
Date

416 7826569
Daytime Phone #