


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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


03-31-2004 90036 014 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P96000026736</b>                      |  |
| 1. Entity Name<br><b>PAULINEGATE HOLDINGS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2875 NE 191ST STREET STE 404<br/>NO MIAMI BEACH FL 33180</b> | Mailing Address<br><b>2875 NE 191ST STREET STE 404<br/>NO MIAMI BEACH FL 33180</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**94040587**



MOORE CR2E034 (11/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0664751</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>REINHARD, SANFORD N<br/>2875 NE 191ST STREET STE 404<br/>NO MIAMI BEACH FL 33180</b> |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GOLDLIST, HARRY<br>1 CLARK AVENUE WEST, UNIT 1104<br>THORNHILL ONTARIO l4j- 7yg <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>THORNHILL, ONTARIO L4J 7Y6</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GOLDLIST, BARRY GORDON<br>138 GREY RD.<br>TORONTO, ONTARIO m5h- 4g1 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TORONTO, ONTARIO M5M 4G1</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>RAPP, PAULINE<br>24 MCMORRAN CRESCENT<br>THORNHILL, ONTARIO l4j- 2l5 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>THORNHILL, ONTARIO L4J 2T5</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 31/04** **(416) 822-8792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #