

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000026736

1. Entity Name
PAULINEGATE 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**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0664751

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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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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 GORDON
STREET ADDRESS	138 GREY RD.
CITY-ST-ZIP	TORONTO, ONTARIO, m9m 4g1
TITLE	VP
NAME	RAPP, PAULINE
STREET ADDRESS	24 MCMORRAN CRESCENT
CITY-ST-ZIP	THORNHILL, ONTARIO, l4j 2t5
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000465755
03/22/06-80048-020 150.00

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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]* **BARRY G. GOLDLIST** 1/26/06 416 822 8792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #