

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90041 027 ***150.00

DOCUMENT # P96000026740

1. Entity Name

ISGATE 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

54027670



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0664763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINHARD, SANFORD N
2875 NE 191ST STREET STE 404
NO MIAMI BEACH FL 33180

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GOLDFINCH, RENEE
STREET ADDRESS 12 GOLDFINCH COURT
CITY-ST-ZIP WILLOWDALE ON m2-r2c3

TITLE VP ☐ Delete
NAME GOLDFINCH, BARRY DAVID
STREET ADDRESS 12 GOLDFINCH COURT
CITY-ST-ZIP WILLOWDALE ON m2-r2c3

TITLE S ☐ Delete
NAME GOLDFINCH, PAUL
STREET ADDRESS 12 GOLDFINCH COURT
CITY-ST-ZIP WILLOWDALE ON m2-r2c3

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 123 DEWBOURNE AVE.
CITY-ST-ZIP TORONTO, ONT M6C 1Y6

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 123 DEWBOURNE AVE.
CITY-ST-ZIP TORONTO, ON M6C 1Y6

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 123 DEWBOURNE AVE.
CITY-ST-ZIP TORONTO, ON M6C 1Y6

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

B.D. GOLDFINCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

416-823-7999

Daytime Phone #