

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

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**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0664763

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOLDLIST, RENEE
123 DEWBOURNE AVE
TORONTO, ONT., m6c 1y6**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GOLDLIST, BARRY DAVID
123 DEWBOURNE AVE
TORONTO, ONT., m6c 1y6**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GOLDLIST, PAUL
123 DEWBOURNE AVE
TORONTO, ONT., m6c 1y6**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000443639
03/06/06-80020-001 150.00

**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 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

B. GOLDLIST

1/19/06
Date

416 786 9232
Daytime Phone #