

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**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



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

U00000862556  
04/03/08-80053-022 150.00

**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	

**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

2/10/08  
Date

416 7826569  
Daytime Phone #