2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000026750

1. Entity Name

GATÉMAR HOLDINGS, INC.

FILED
Mar 31, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

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



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0664753

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

· S. Continicate of St

R	Nar	hes 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

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	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	ed office or registered	agent, or bot	h, in the State of Florida.	l am familiar with, a	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registere	d Agent signature required whe	in reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			U00000874198 04/10/08-80110-006 150.00		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOLDLIST, FAY 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2/264	CTORS					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VPT HAIT, MARLENE 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2r2c4			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WR		٠
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						,	
TITLE NAME STREET ADDRESS				•			

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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MARLENE HAIT

Date

Daylime Phone #