

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P96000027324	
1. Entity Name BGGATE 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



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0664744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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

11000000331156
04/23/08-60014-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLDLIST, HARRY 1 CLARK AVENUE WEST UNIT 1104 THORNHILL, ONTARIO, 642 786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLDLIST, BARRY GORDON 138 GREY ROAD TORONTO, ONTARIO, m5m 4g1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAPP, PAULINE 24 MCMORRAN CRESCENT THORNHILL, ONTARIO, l4j 2t5
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: BARRY G. GOLDLIST 4/2/08 416 822 8792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #