

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90070 046 ***150.00

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1. Entity Name

STARGATE ADVISORS, INC.



Principal Place of Business

3380 FAIRLANE FARMS ROAD, SUITE 15
WELLINGTON FL 33414

Mailing Address

3380 FAIRLANE FARMS ROAD, SUITE 15
WELLINGTON FL 33414

24023100



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

15

3. Mailing Address

Suite, Apt. #, etc.

15

City & State

City & State

4. FEI Number

65-0737062

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HESS, GREGORY V
3380 FAIRLANE FARMS ROAD
STE 15
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 15

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZENGA, V. JAMES ESQ.
3380 FAIRLANE FARMS ROAD, SUITE 15
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
V. JAMES ZENGA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZENGA, ROBIN A
3380 FAIRLANE FARMS ROAD, SUITE 15
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
LILLIAN RUBIO
3380 FAIRLANE FARMS ROAD, STE 15
WELLINGTON, FL 33414 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #