


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 045 ***150.00

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DOCUMENT # P97000073363			
1. Entity Name GATEWAY GENERAL PARTNER, INC.			
Principal Place of Business 1401 BRICKELL AVENUE MIAMI, FL 33131 US		Mailing Address 1401 BRICKELL AVENUE SUITE 530 MIAMI, FL 33131 US	
2. Principal Place of Business 600 BRICKELL AVE. #201		3. Mailing Address 600 BRICKELL AVE. #201	
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201	
City & State MIA FL		City & State MIA FL	
Zip 33131	Country USA	Zip 33131	Country USA
6. Name and Address of Current Registered Agent PARAYON, LUIS 1401 BRICKELL AVE SUITE 530 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: PARAYON LUIS Street Address (P.O. Box Number is Not Acceptable): 600 BRICKELL AV. #201 City: MIA FL Zip Code: 33131	
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: <i>Luis Parayon</i> 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD PARAYON, LUIS 1401 BRICKELL AVE STE 530 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARAYON, LUIS 600 BRICKELL AVE. #201 MIA FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWNING, TERESA 1401 BRICKELL AVE STE 530 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWNING, TERESA 600 BRICKELL AV #201 MIA FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Luis Parayon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	