

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90098 042 ***150.00

DOCUMENT # P97000073366 1. Entity Name GATEWAY LIMITED PARTNER, INC.					
Principal Place of Business 1401 BRICKELL AVE SUITE 530 MIAMI, FL 33131 US			Mailing Address 1401 BRICKELL AVE SUITE 530 MIAMI, FL 33131 US		
2. Principal Place of Business 600 Brickell Ave Suite, Apt. #, etc. STE #201 City & State MIA FL Zip 33131 Country USA		3. Mailing Address 600 Brickell Ave Suite, Apt. #, etc. STE #201 City & State MIA FLA Zip 33131 Country USA			
4. FEI Number 65-0778159				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04212005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PARAJON, LUIS 1401 BRICKELL AVE SUITE 530 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name PARAJON, LUIS Street Address (P.O. Box Number is Not Acceptable) 600 BRICKELL AVE STE #201 City MIAMI 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 <u>Luis Parajon</u> DATE <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DP PARAJON, LUIS 1401 BRICKELL AVE, STE 530 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARAJON, LUIS 600 BRICKELL AVE #201 MIA FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOWNING, BERTHA 1401 BRICKELL AVE, STE 530 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOWNING, THERESA 600 BRICKELL AVE #201 MIA FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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)(l), 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: <u>Luis Parajon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/27/05</u> <small>Date</small>		
Daytime Phone #					