


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P98000063211 1. Entity Name GATEMAR, INC.	
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Principal Place of Business 2875 N.E. 191ST STREET SUITE 404 AVENTURA, FL 33180	Mailing Address 2875 N.E. 191ST STREET SUITE 404 AVENTURA, FL 33180
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0854114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  REINHARD, SANFORD N 2875 N.E. 191ST STREET SUITE 404 AVENTURA, FL 33180
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GOLDLIST, FAY 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2r2c4
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT HAIT, MARLENE 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2r2c4
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000688650 04/11/07-80003-022 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Marlene Hait MARLENE HAIT 3/30/07 305-932-7555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #