


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90350 009 ***150.00

DOCUMENT # P98000063221

1. Entity Name
HARGATE, INC.



Principal Place of Business Mailing Address
2875 NE 191ST STREET SUITE 404 **2875 NE 191ST STREET SUITE 404**
AVENTURA FL 33180 **AVENTURA FL 33180**

JUU4U/41



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0854112 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N
2875 NE 191ST STREET SUITE 404
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution. Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDLIST, HENRY	
STREET ADDRESS	1 CLARK AVENUE WEST, UNIT 104	
CITY-ST-ZIP	THORNHILL, ONTARIO I4j- 7y6	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDLIST, BARRY GORDON	
STREET ADDRESS	138 GREY RD.	
CITY-ST-ZIP	TORONTO, ONTARIO m5m- 4g1	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAPP, PAULINE	
STREET ADDRESS	24 MCMORRAN CRESCENT	
CITY-ST-ZIP	THORNHILL, ONTARIO I4j- 2t5	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDLIST, HARRY	
STREET ADDRESS	1 CLARK AVE WEST, UNIT 104	
CITY-ST-ZIP	THORNHILL, ONTARIO, CANADA L4J 7Y6	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **BARRY G. GOLDLIST** 3/18/05 305 335 0344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #