


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P98000063221 1. Entity Name HARGATE, INC.	
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Principal Place of Business 2875 NE 191ST STREET SUITE 404 AVENTURA, FL 33180	Mailing Address 2875 NE 191ST STREET SUITE 404 AVENTURA, FL 33180
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01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0854112	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 NE 191ST STREET SUITE 404  
AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

04/23/08-80021-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDLIST, HARRY 1 CLARK AVENUE WEST, UNIT 104 THORNHILL, ONTARIO, l4j 7y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDLIST, BARRY GORDON 138 GREY RD. TORONTO, ONTARIO, m5m 4g1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAPP, PAULINE 24 MCMORRAN CRESCENT THORNHILL, ONTARIO, l4j 2t5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  BARRY G. GOLDLIST 4/2/08 416 822 8792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #