

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90007 021 ***150.00

DOCUMENT # P98000063230

1. Entity Name

PAULINGATE, INC.



Principal Place of Business

Mailing Address

2875 NE 191ST STREET SUITE 404
AVENTURA FL 33180

2875 NE 191ST STREET SUITE 404
AVENTURA FL 33180

54024580



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0854108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME RAPP, PAULINE
STREET ADDRESS 24 MCMORRAN CRESCENT
CITY-ST-ZIP THORNHILL, CANADA l4j- 2t5

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS THORNHILL, ONTARIO L4J 2T5
CITY-ST-ZIP

TITLE P ☐ Delete
NAME GOLDLIST, HARRY
STREET ADDRESS 1 CLARK AVENUE WEST UNIT 1104
CITY-ST-ZIP THORNHILL, ONTARIO L4J7Y6

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS THORNHILL, ONTARIO L4J 7Y6
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GOLDLIST, BARRY G
STREET ADDRESS 138 GREY ROAD
CITY-ST-ZIP TORONTO, ONTARIO M5M4G1

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS TORONTO, ONTARIO M5M 4G1
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY G. GOLDLIST

MAR 31/04

Date

(416) 822-8792

Daytime Phone #