

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90055 018 \*\*\*150.00

**DOCUMENT # P98000063234**

1. Entity Name

ISGATE, INC.



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

04040303

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

65-0854110

Applied For

Not Applicable

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 N.E. 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 P ☐ Delete  
NAME GOLDFINCH, RENEE  
STREET ADDRESS 12 GOLDFINCH CT  
CITY-ST-ZIP WILLOWDALE ON m2-r2c3

TITLE ☒ Change ☐ Addition  
NAME 123 DEWBORNE AVE.  
STREET ADDRESS TORONTO, ON M6C 1Y6  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME GOLDFINCH, BARRY DAVID  
STREET ADDRESS 12 GOLDFINCH CT  
CITY-ST-ZIP WILLOWDALE ON m2-r2c3

TITLE ☒ Change ☐ Addition  
NAME 123 DEWBORNE AVE.  
STREET ADDRESS TORONTO, ON M6C 1Y6  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME GOLDFINCH, PAUL  
STREET ADDRESS 12 GOLDFINCH CT  
CITY-ST-ZIP WILLOWDALE ON m2-r2c3

TITLE ☒ Change ☐ Addition  
NAME 123 DEWBORNE AVE.  
STREET ADDRESS TORONTO, ON M6C 1Y6  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:**

*B.D. Goldlist*

B.D. GOLDLIST

2/6/04

416-823-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #