

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2006 08:00 AM
Secretary of State

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



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOLDLIST, RENEE
123 DEWBOURNE AVE
TORONTO, ON m6c 1y6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GOLDLIST, BARRY DAVID
123 DEWBOURNE AVE
TORONTO, ON m6c 1y6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GOLDIST, PAULT
123 DEWBOURNE AVE
TORONTO, ON m6c 1y6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/06/06 80011-025 150.00

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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 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

B. GOLDLIST

1/19/06
Date

4167869232
Daytime Phone #