2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P98000063239 1. Entity Name 04-07-2004 90009 025 ***150.00 BDGATE, INC Principal Place of Business Mailing Address 2875 N.E. 191ST STREET 2875 N.E. 191ST STREET SUITE 404 SUITE 404 **AVENTURA FL 33180 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0854120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REINHARD, SANFORD N Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191ST STREET SUITE 404 **AVENTURA FL 33180** City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition NAME GOLDLIST, BARRY DAVID NAME 123 DENBOURNE AVE. STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS WILLOWDALE ON m2-r2c3 CITY-ST-ZIP CITY-ST-ZIP TORONTO, ON Mbc1Yb TITLE VΡ Delete TITLE Change Addition NAME GOLDLIST, RENEE NAME 123 DEWBOURNE AVE. STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS WILLOWDALE ON m2-r2c3 CITY-ST-ZIP CITY-ST-ZIP . NO. OTHOSOT MGCIYB TITLE Delete TITLE Change Addition NAME GOLDLIST-PAUL -NAME -- ~ --123 DEWBOURNE AVE. STREET ADDRESS 12 GOLDFINCH COURT STREET ADDRESS CITY-ST-ZIP WILLOWDALE ON m2-r2c3 CITY-ST-ZIP TORONTO, ON TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete TITLE Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

B.D. GOLDLIST SIGNATURE AND TYPED OF RINTEDINAME OF SIGNING OFFICER OR DIRECTOR

FILED