

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000063239

1. Entity Name
BDGATE, 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
65-0854120

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 P
NAME GOLDLIST, BARRY DAVID
STREET ADDRESS 123 DEWBOORNE AVE
CITY-ST-ZIP TORONTO,ONT, CA m6c1y6

TITLE VP
NAME GOLDLIST, RENEE
STREET ADDRESS 123 DEWBOORNE AVE
CITY-ST-ZIP TORONTO,ONT, CA m6c1y6

TITLE S
NAME GOLDLIST, PAUL
STREET ADDRESS 123 DEWBOORNE AVE
CITY-ST-ZIP TORONTO,ONT, CA m6c1y6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/19/06 0001 001 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
B. GOLDLIST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06
Date

416.786.9232
Daytime Phone #