2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000068709

1. Entity Name
HS GATEWAY HOLDINGS, INC.

Principal Place of Business	Mailing Address
200 N.E. 2ND. DR. HOMESTEAD, FL 33030	200 N.E. 2ND. DR. HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

01212008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0888699	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, MICHAEL J
200 N.E. 2ND. DR.
HOMESTEAD, FL 33030

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 reinstating)

DATE 01.21.07

U000007891651

01/23/08--80084--014 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	HOUSTON, ROBERT	
STREET ADDRESS	26755 S.W. 202ND AVE.	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	D	
NAME	MARCUS, MICHAEL J	
STREET ADDRESS	200 NE 2ND DRIVE	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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   Date

01.21.07

Daytime Phone # 305.245.5854