


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90365 028 ***150.00

DOCUMENT # P99000037002 1. Entity Name TELEGATE, INC.	
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Principal Place of Business 100 S BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131	Mailing Address 100 S BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131
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60029947



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0924911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLO, JEROME 100 S. BISCAYNE BLVD SUITE 1100 MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	D HOLLO, TIBOR 100 S BISCAYNE BLVD. STE 1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLO, WAYNE 100 S BISCAYNE BLVD. STE 1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLO, JEROME S 100 S BISCAYNE BLVD. STE 1100 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE:  **4/18/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #