2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)					FILED Mar 31, 2004 8:00 am	
DOCUMENT # P99000090169 1. Entity Name					Secretary of State	
THE HIDI	DEN GATE, INC.				03-31-2004 90044 008 ***150.00	
Principal Plac	ce of Business	Mailing Address				
	ER CREEK BLVD	7545 HARRINGTON LAN	√E		04000040	
UNIVERSITY	Y PARK FL 34201	BRADENTON FL 34202			24032042	
8245	Place of Business Cooper Geek Bivol	3. Mailing Address G403 Two 180	Burting t	lace		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & Stat		City & State			4. FEI Number 65-0958421 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
SOLOMON, LAURA ANN 7545 HARRINGTON LANE BRADENTON FL 34202			Name			
			-	Street Address (P.O. Box Number is Not Acceptable)		
			G40 City Q	03 Indiso Bunting Orive Aradenton FL 34202		
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	SOLOMON, LAURA ANN 7545 HARRISTON LANE		NAME STREET ADDRESS	1	3 Indigo Bunting Place denton, FL. 34202	
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP	25, 17,	<u> </u>	
TITLE NAME	D SOLOMON, KENNETH R	☐ Delete	TITLE NAME		3 Indiso Bunting Place Change Addition	
STREET ADDRESS	7545 HARRISTON LANE		STREET ADDRESS	Bro	denton, Fl 34202	
CITY-ST-ZIP	BRADENTON FL 34202	Delete	CITY-ST-ZIP		☐ Change ☐ Addition	
NAME		- Delete	NAME		_ change Adminin	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME		_ ·	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
				·		

12. 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.

SIGNATURE:

SIGNATURE SIGNATURE** AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

SIGNATURE** Daylime Phone #