
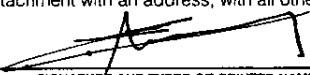


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90039 040 \*\*\*150.00

<b>DOCUMENT # V40131</b> 1. Entity Name <b>GATEWAY TO AMERICA, INC.</b>					
Principal Place of Business <b>16300 NE 19 AVE SUITE 100 NORTH MAIMI BEACH FL 33162 US</b>			Mailing Address <b>17038 W DIXIE HWY SUITE 239 NORTH MIAMI BEACH FL 33160 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number <b>65-0339257</b>	
<b>ULRICH, LUCIEN C. 18181 NE 31 ST COURT APT 210 AVENTURA FL 33160</b>				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE _____				Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				City	
DATE				FL Zip Code	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS					
TITLE	ST <input type="checkbox"/> Delete				
NAME	PIEDNOEL, MURIEL S.				
STREET ADDRESS	18181 NE 31 ST. COURT APT. 210				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
TITLE	VD <input type="checkbox"/> Delete				
NAME	ULRICH, MONIQUE G.				
STREET ADDRESS	18181 NE 31 ST COURT APT 210				
CITY-ST-ZIP	AVENTURA FL 33160				
TITLE	PD <input type="checkbox"/> Delete				
NAME	ULRICH, LUCIEN C.				
STREET ADDRESS	18181 NE 31 ST COURT APT 210				
CITY-ST-ZIP	AVENTURA FL 33160				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
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.					
<b>SIGNATURE:</b>  <b>Lucien C. ULRICH</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date <b>04/01/2004</b> Daytime Phone # <b>305 956-9448</b></span>					