

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000040851

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC7225285938**

**Entity Name:** GATEWAY RESEARCH CORPORATION

**Current Principal Place of Business:**

3299 BIRD AVENUE  
#9  
MIAMI, FL 33133

**Current Mailing Address:**

3299 BIRD AVENUE  
#9  
MIAMI, FL 33133 US

**FEI Number:** 80-0593231

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LARENAS, MAURICIO T  
3299 BIRD AVENUE  
#9  
MIAMI, FL 33133 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LARENAS, MAURICIO T  
Address 3299 BIRD AVENUE  
City-State-Zip: MIAMI FL 33133

Title VP  
Name LARENAS, MAURICIO T  
Address 3299 BIRD AVENUE  
City-State-Zip: MIAMI FL 33133

Title S  
Name LARENAS, MAURICIO T  
Address 3299 BIRD AVENUE  
City-State-Zip: MIAMI FL 33133

Title T  
Name LARENAS, MAURICIO T  
Address 3299 BIRD AVENUE  
City-State-Zip: MIAMI FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MAURICIO LARENAS**

**CEO**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date