


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000162128 1. Entity Name NORTHGATE GENERAL PARTNER, INC.	
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Principal Place of Business 1555 PALM BEACH LAKES BLVD., STE. 310 C/O HARRIS CRAMER LLP WEST PALM BEACH, FL 33401	Mailing Address 1555 PALM BEACH LAKES BLVD., STE. 310 C/O HARRIS CRAMER LLP WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0562780	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

HARRIS CRAMER LLP  
 1555 PALM BEACH LAKES BLVD., STE. 310  
 C/O HARRIS CRAMER LLP  
 WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_

**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

000000325156  
 05/20/08-80016-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LUCCHESI, FABRIZIO 105 W. BEAVER CREEK, STES., 9 & 10 RICHMOND HILL, ONTARIO, CA., L4 B1C6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT MYERS, WILLIAM P. 105 W. BEAVER CREEK, STES., 9 & 10 RICHMOND HILL, ONTARIO, CA., L4 B1C6
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 any attachment with an address, with all other life empowered.

SIGNATURE:  , Fabrizio Lucchese 4-22-08 905-882-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #