

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P01000058923**

1. Entity Name  
**GOLF TERRACE SPECIAL, INC.**



Principal Place of Business  
**C/O HARRIS CRAMER, LLP  
1555 PALM BEACH LAKES BLVD., SUITE 310  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O HARRIS CRAMER, LLP  
1555 PALM BEACH LAKES BLVD., SUITE 310  
WEST PALM BEACH, FL 33401**



04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3725251</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CRAMER, LLP, HARRIS  
1555 PALM BEACH LAKES BLVD.  
SUITE 310  
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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

1000000925165  
05/20/08-80016-012 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	VSD
NAME	LUCCHESI, FABRIZIO
STREET ADDRESS	105 WEST BEAVER CREEK #9 & 10
CITY-ST-ZIP	RICHMOND HILL, ONTARIO, CA 14b 1c6

TITLE	PTD
NAME	MYERS, WILLIAM P
STREET ADDRESS	105 WEST BEAVER CREEK #9 & 10
CITY-ST-ZIP	RICHMOND HILL, ONTARIO, CA 14b 1c6

TITLE	D
NAME	KLISKILA, WILLIAM J
STREET ADDRESS	4307 VINELAND ROAD #H-12
CITY-ST-ZIP	ORLANDO, FL 32811

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fabrizio Lucchese**

**4-22-08**

**905-882-1212**

Date

Daytime Phone #