

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90231 001 ***158.75

DOCUMENT # P02000073058

1. Entity Name
RIVERLAKE FINANCING G.P., INC.



Principal Place of Business
C/O DARYL CRAMER & ASSOCIATES, P.A.
3801 PGA BLVD., #508
PALM BEACH GARDENS, FL 33410 US

Mailing Address
C/O DARYL CRAMER & ASSOCIATES, P.A.
3801 PGA BLVD., #508
PALM BEACH GARDENS, FL 33410 US

14008400

2. Principal Place of Business
c/o Harris Cramer LLP

3. Mailing Address
c/o Harris Cramer LLP
1555 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.
1555 Palm Beach Lakes Blvd., Ste. 310 Suite 310

03112005 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
13-4203513

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Zip
33401

Country
USA

Zip
33401

Country
USA

6. Name and Address of Current Registered Agent
DARYL CRAMER & ASSOCIATES, P.A.
3801 PGA BLVD., STE. 508
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name
Harris Cramer LLP
Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd.
Suite 310
City
West Palm Beach FL Zip Code
33401

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.
Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner
by Daryl B. Cramer, President 4/26/05

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCCHESI, FABRIZIO		NAME		
STREET ADDRESS	105 WEST BEAVER CREEK, UNITS 9 & 10		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND HILL, ONT, CANADA, L4B 1C6		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, WILLIAM P		NAME		
STREET ADDRESS	105 WEST BEAVER CREEK, UNITS 9 & 10		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND HILL, ONT, CANADA, L4B 1C6		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ DATE: APR 15 2005 905-882-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #