

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90408 019 \*\*\*158.75

**DOCUMENT # P02000073058**

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



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

40071534



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

02052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**13-4203513**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

**CRAMER, HARRIS LLP**  
**1555 PALM BEACH LAKES BLVD, SUITE 310**  
**WEST PALM BEACH, FL 33401**

## 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** **3/30/07**

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, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME **LUCCHESI, FABRIZIO**  
STREET ADDRESS **105 WEST BEAVER CREEK, UNITS 9 & 10**  
CITY-ST-ZIP **RICHMOND HILL, ONT, CANADA, 14b 1c6**

TITLE D ☐ Delete  
NAME **MYERS, WILLIAM P**  
STREET ADDRESS **105 WEST BEAVER CREEK, UNITS 9 & 10**  
CITY-ST-ZIP **RICHMOND HILL, ONT, CANADA, 14b 1c6**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, T ☒ Change ☐ Addition  
NAME **Lucchesi, Fabrizio**  
STREET ADDRESS **105 West Beaver Creek, Units 9 & 10**  
CITY-ST-ZIP **Richmond Hill, Ontario, Canada L4B 1C6**

TITLE D, VP, S ☒ Change ☐ Addition  
NAME **Myers, William P.**  
STREET ADDRESS **105 West Beaver Creek, Units 9 & 10**  
CITY-ST-ZIP **Richmond Hill, Ontario, Canada L4B 1C6**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Fabrizio Lucchesi**

Date

Daytime Phone #

**905-882-1212**