

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000089465					
1. Entity Name GOLDEN VISTA FINANCING G.P., INC.					
Principal Place of Business C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD STE 310 WEST PALM BEACH, FL 33401			Mailing Address C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD STE 310 WEST PALM BEACH, FL 33401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052006 Chg-P CR2E034 (11/05)	
4. FEI Number 33-1094143				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAMER, HARRIS LLP 1555 PALM BEACH LAKES BLVD STE 310 WEST PALM BEACH, FL 33401			Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Boulevard 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 50%;"> Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner, by Daryl B. Cramer, President 3/6/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME LUCCHESI, FABRIZIO		<input type="checkbox"/> Delete		
STREET ADDRESS 105 WEST BEAVER CREEK SUITE 9 & 10	CITY-ST-ZIP RICHMOND HILL ONTARIO CANADA,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME MYERS, WILLIAM P		<input type="checkbox"/> Delete		
STREET ADDRESS 105 WEST BEAVER CREEK SUITE 9 & 10	CITY-ST-ZIP RICHMOND HILL ONTARIO CANADA,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME MYERS, WILLIAM P		<input type="checkbox"/> Delete		
STREET ADDRESS 105 WEST BEAVER CREEK SUITE 9 & 10	CITY-ST-ZIP RICHMOND HILL ONTARIO CANADA,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME MYERS, WILLIAM P		<input type="checkbox"/> Delete		
STREET ADDRESS 105 WEST BEAVER CREEK SUITE 9 & 10	CITY-ST-ZIP RICHMOND HILL ONTARIO CANADA,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE D	NAME MYERS, WILLIAM P		<input type="checkbox"/> Delete		
STREET ADDRESS 105 WEST BEAVER CREEK SUITE 9 & 10	CITY-ST-ZIP RICHMOND HILL ONTARIO CANADA,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			Date: Feb 22, 2006 Daytime Phone #: 905-882-1212		
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Fabrizio Lucchesi					