


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000060940 1. Entity Name BELLE RIVE GENERAL PARTNER, INC.	
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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
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01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0472742	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 HARRIS, CRAMER LLP 1555 PALM BEACH LAKES BLVD STE 310 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000709886
04/25/07-80022-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, WILLIAM P 105 WEST BEAVER CREEK, UNITS 9&10 RICHMOND HILL, ONTARIO, CA 14b 1c6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK, UNITS 9&10 RICHMOND HILL, ONTARIO, CA 14b 1c6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabrizio Lucchese
Fabrizio Lucchese

Date

March 10, 07

Daytime Phone #

905-882-1212