

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P93000071988

1. Entity Name  
GOLDEN VISTA GENERAL PARTNER, INC.



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

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



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0461956

Applied For  
Not Applicable

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

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

HARRIS CRAMER LLP  
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 resigning)

U00000480166  
04/10/06-80033-007 158.75  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LUCCHESI, FABRIZIO  
105 W. BEAVER CREEK, UNITS 9&10  
RICHMOND HILL ONTARIO, 14b ac6

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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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 507, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22/06 905-882-1212

Date

Daytime Phone #