

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 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**

DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

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 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

000000709883
04/25/07-80022-003 158.75

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, I4b 1c6 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LUCCHESI, FABRIZIO 105 W. BEAVER CREEK, UNITS 9&10 RICHMOND HILL ONTARIO, I4b 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 | |

**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabrizio Lucchese

Date

March 6, 07 905-882-1212
Daytime Phone #