

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0461956	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.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000925161
05/20/08-80016-011 158.75

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, l4b 1c6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCCHESI, FABRIZIO 105 W. BEAVER CREEK, UNITS 9&10 RICHMOND HILL ONTARIO, l4b ac6
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 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 Lucchese** **4-22-08** **905-882-1212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #