

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V55931**

1. Entity Name  
**NORTHGATE FINANCING, 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 <b>65-0349961</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input 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**

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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**

U000000825152  
05/20/08-80016-008 158.75

**10. OFFICERS AND DIRECTORS**

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