

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000080358

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** CAVALARI CORPORATION

**Current Principal Place of Business:**

416 SOUTHERN BRANCH LANE  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

416 SOUTHERN BRANCH LANE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number: 20-1143785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E. SAMPLE RD.  
POMPANO BCH, FL 33064 US

**Name and Address of New Registered Agent:**

SHOCKMEDIA CORPORATION  
7862 W IRLO BRONSON HWY  
121  
KISSIMMEE, FL 34747 US

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.

SIGNATURE: JOSE JARDIM JUNIOR

04/28/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAVALARI, ALFREDO  
Address: 416 SOUTHERN BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: CONCEIÇÃO, RAIMUNDO  
Address: 4295 SUNBEAM RD, STE 312  
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO CAVALARI

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date