

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080358

Entity Name: CAVALARI CORPORATION

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

416 SOUTHERN BRANCH LANE  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

416 SOUTHERN BRANCH LANE  
JACKSONVILLE, FL 32259 US

**Current Mailing Address:**

416 SOUTHERN BRANCH LANE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

416 SOUTHERN BRANCH LANE  
JACKSONVILLE, FL 32259 US

FEI Number: 20-1143785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date