

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 268185

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: CAVALIER INTERNATIONAL OPERATIONS, INC.

## Current Principal Place of Business:

2073 S FEDERAL HWY  
1435 W BUSCH BV STE A  
FT LAUDERDALE, FL 33316 US

## New Principal Place of Business:

2073 S FEDERAL HWY  
FT LAUDERDALE, FL 33316

## Current Mailing Address:

P O BOX 21321  
1435 W BUSCH BV STE A  
FT LAUDERDALE, FL 33335 US

## New Mailing Address:

P O BOX 21321  
FT LAUDERDALE, FL 33335

FEI Number: 59-1919957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, CARITA M.  
1435 W BUSCH BV STE A  
TAMPA, FL 33612 US

## Name and Address of New Registered Agent:

WELLS, CARITA M.  
1435 W BUSCH BV STE A  
TAMPA, FL 33612

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:

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: EVANS, MIKE  
Address: 2073 S FEDERAL HWY  
City-St-Zip: FT LAUDERDALE, FL

Title: T ( ) Delete  
Name: DEAN, DEREK D  
Address: C/O 2073 S FEDERAL HWY  
City-St-Zip: FT LAUDERDALE, FL

Title: DP ( ) Delete  
Name: GRUPP, DAVID  
Address: 2073 S. FEDERAL HWY.  
City-St-Zip: FT LAUDERDALE, FL

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S ( ) Change (X) Addition  
Name: WELLS, CARITA M S  
Address: 1435 WEST BUSCH BLVD  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID GRUPP

DP

04/06/2004

Electronic Signature of Signing Officer or Director

Date