


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90016 021 \*\*\*150.00

<b>DOCUMENT # 357121</b> 1. Entity Name <b>CAVALIER MEN'S WEAR, INC.</b>					
Principal Place of Business <b>9 W FLAGLER STREET MIAMI, FL 33130</b>			Mailing Address <b>9 W FLAGLER STREET MIAMI, FL 33130</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>18851 NE 29th Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>900</b>			
City & State		City & State <b>Aventura, FL</b>		4. FEI Number <b>59-1279536</b>	
Zip <b>33180</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARLENE RAIJMAN P.A. 1111 KANE CONCOURSE #607 BAY HARBOR, FL 33154</b>			7. Name and Address of New Registered Agent Name <b>Leonardo A. Roth, Esq.</b> Street Address <b>18851 NE 29th Ave. Suite 900</b> City <b>Aventura</b> <b>FL</b> Zip <b>33180</b>		
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 <u>Leonardo A. Roth, Esq.</u> DATE <u>2/27/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAIJMAN, ISAAC <input checked="" type="checkbox"/> Delete 9 WEST FLAGLER STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gilia Elena Rincon Cespedes 9 West Flagler Street, Miami, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAIJMAN, MILTON <input checked="" type="checkbox"/> Delete 9 WEST FLAGLER STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Guido Jose Rincon Cespedes 9 West Flagler Street, Miami, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASERSTEIN, JEANATTE R. <input type="checkbox"/> Delete 9 WEST FLAGLER ST MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gamariel Antonio Rincon Cespedes 9 West Flagler Street, Miami, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gerenalda Violeta Cespedes de Rincon 9 West Flagler Street, Miami, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gladys Violeta Rincon de Rincon 9 West Flagler Street, Miami, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gustavo Antonio Rincon Cespedes 9 West Flagler Street, Miami, FL 33130	
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: <u>Gilia Rincon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Gilia Rincon 2/27/2007 (786) 279 0000</u> <small>Date Daytime Phone #</small>		

40026156



02272007 Chg-P CR2E034 (12/06)