


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 045 ***150.00

DOCUMENT # F00000004470

1. Entity Name
CAVALRY ENTERPRISES (TEXAS), INC.



Principal Place of Business Mailing Address

11811 NORTH FREEWAY, SUITE 630 11811 NORTH FREEWAY, SUITE 630
 SUITE 300 SUITE 300
 HOUSTON, TX 77060 HOUSTON, TX 77060

14004606



2. Principal Place of Business 3. Mailing Address

11811 NORTH FREEWAY *11811 NORTH FREEWAY*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 300 *SUITE 300*

04072004 Chg-P CR2E034 (10/03)

City & State City & State

HOUSTON, TX *HOUSTON, TX*

4. FEI Number Applied For

76-0313712 Not Applicable

Zip Country Zip Country

77060 *USA* *77060* *USA*

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRUTCHFIELD, DANA
 101 EAST KENNEDY BLVD., SUITE 2000
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUSCA, FAUSTO	
STREET ADDRESS	VIA MAGGIO 1 CH-6900	
CITY-ST-ZIP	LUGANO, SWITZERLAND,	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TOMBARI, MICHAEL G	
STREET ADDRESS	11811 NORTH FREEWAY SUITE 300	
CITY-ST-ZIP	HOUSTON, TX 77060	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HATFIELD, KENNETH L	
STREET ADDRESS	11811 NORTH FREEWAY SUITE 300	
CITY-ST-ZIP	HOUSTON, TX 77060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: *04/17/04* Daytime Phone #: *(281) 960 0747*