



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # K06363 1. Entity Name CAVALIERE ELECTRIC, INC.			
Principal Place of Business C/O BENEDICT V. CAVALIERE 5491 NW 15 ST, SUITE 16 MARGATE, FL 33063		Mailing Address C/O BENEDICT V. CAVALIERE 5491 NW 15 ST, SUITE 16 MARGATE, FL 33063	
DO NOT WRITE IN THIS SPACE			
		01042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0029737	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAVALIERE, BENEDICT V. 5491 NW 15 STREET STE.16 MARGATE, FL., FL 33063		DO NOT WRITE IN THIS SPACE	
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><i>Benedict V. Cavaliere Pres.</i></u> <u>1/4/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000684277 04/06/07-80025-020 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVALIERE, BENEDICT V. 5491 NW 15 STREET MARGATE, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVALIERE, DONNA 5491 NW 15 STREET MARGATE, FL 33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 another like empowered. SIGNATURE: <u><i>Benedict V. Cavaliere</i></u> <u>1/4/07</u> <u>954-971-8381</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			