

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54154

FILED
Jan 05, 2007
Secretary of State

Entity Name: CAVALIER MORTGAGE CORP.

Current Principal Place of Business:

1111 KANE CONCOURSE
SUITE 607
BAY HARBOR, FL 33154 US

Current Mailing Address:

PO BOX 402188
MIAMI BEACH, FL 331400188 US

New Principal Place of Business:

1135 KANE CONCOURSE
2ND FLOOR
BAY HARBOR, FL 33154 US

New Mailing Address:

PO BOX 402188
MIAMI BEACH, FL 33140 US

FEI Number: 65-0102066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARLENE RAIJMAN P.A.
1111 KANE CONCOURSE
607
BAY HARBOR, FL 33154 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: RAIJMAN, ISAAC
Address: PO BOX 402188
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: RAIJMAN, MILTON
Address: PO BOX 402188
City-St-Zip: MIAMI BEACH, FL 33140

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 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: ISAAC RAIJMAN

PD

01/05/2007

Electronic Signature of Signing Officer or Director

Date