2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

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L07000041989
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE   CR2E083 (10/07)

DOCUMENT # L07000041989

1. Entity Name
CAVALALF LLC

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE STE. 702 - N MIAMI FL 33131 US	C/O STATE CAPITAL USA 1101 BRICKELL A STE. 702 - N MIAMI FL 33131 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
777 BRICKELL AVENUE	C/O STATE CAPITAL 777 BRICKELL AVE
Suite, Apt. #, etc.: 1150	Suite, Apt. #, etc.: 1150
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33131 Country: US	Zip: 33131 Country: US

4. FEI Number: 26-0165719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCCA, GIADA 800 BRICKELL AVE STE. 400 MIAMI FL 33131	Name: Florida Corporate Registered Agents LLC. Street Address (P.O. Box Number is Not Acceptable): 7200 NW 19 ST. SUITE 301 City: MIAMI FL Zip Code: 33126

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: [signature] EDUARDO GONZALEZ MEMBER-MANAGER 4-22-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIMALDI, MARIO V.LE DEGLI ARANCI, 5 SALERNO, ITALY IT 84100	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTONIA GRIMALDI VIA DEI MERCANTI, 40 SALERNO, ITALY IT 84100	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACCARINI, VALENTINO 1101 BRICKELL AVENUE, STE. 702 N MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACCARINI VALENTINO 777 BRICKELL AVENUE SUITE 1150 MIAMI FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] (VALENTINO MACCARINI) 04-22-2008 305-329-2539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #