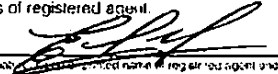
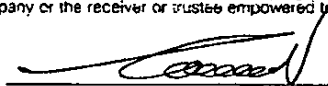


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08 JUN 2008 09:06:47 138.00
L07000041989SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L07000041989			
1. Entity Name CAVALALF LLC			
Principal Place of Business 1101 BRICKELL AVENUE STE. 702 - N MIAMI FL 33131 US		Mailing Address C/O STATE CAPITAL USA 1101 BRICKELL A STE. 702 - N MIAMI FL 33131 US	
2. Principal Place of Business - No P.O. Box # 11150 BRICKELL AVENUE		3. Mailing Address C/O STATE CAPITAL 11150 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 ROCCA, GIADA 800 BRICKELL AVE STE. 400 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 of the individual named as registered agent and fee filer (required)		EDUARDO GONZALEZ MEMBER-MANAGER. 4-22-08 (NOTE: Registered Agent is required when transferring) 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 11150 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:  (VALENTINO MACCARINI)		04-22-2008 305-329-2539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Copy to Print	