FILED
Jan 31, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000120014

1. Entity Name
CAVALIERI ENTERPRISES INC.

Principal Place of Business
9853 THREE LAKES CIRCLE
BOCA RATON, FL 33428

Mailing Address
9853 THREE LAKES CIRCLE
BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0487046
☐ Applied For
☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

CAVALIERI, ALBERT N
9853 THREE LAKES CIRCLE
BOCA RATON, FL 33428

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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 ______________________________ DATE
NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAVALIERI, ALBERT N
STREET ADDRESS	9853 THREE LAKES CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	ST
NAME	CAVALIERI, BARBARA A
STREET ADDRESS	9853 THREE LAKES CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33428

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01/31/05-80065-024 150.00

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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: Albert Cavalieri Albert Cavalieri, Pres 1-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(561) 487-4627