

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000051604

FILED  
Oct 13, 2009  
Secretary of State

Entity Name: CAVOUR CONSTRUCTION, CORP.

## Current Principal Place of Business:

14896 WILD FLOWER LN  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

14896 WILDFLOWER LN  
DELRAY BEACH, FL 33446

## Current Mailing Address:

14896 WILD FLOWER LN  
DELRAY BEACH, FL 33446

## New Mailing Address:

14896 WILDFLOWER LN  
DELRAY BEACH, FL 33446

FEI Number: 20-8938693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GENESIS ACCOUNTING SERVICES  
1574 SE 3RD COURT  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

CSG - CAPITAL SERVICES GROUP INC  
446 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 US

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: MARCOS REZENDE

10/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAVOUR, LUIZ  
Address: 14896 WILD FLOWER LN  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPD ( ) Delete  
Name: CAVOUR, NICHOLAS  
Address: 14896 WILD FLOWER LN  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: GOMES, SIRLENE  
Address: 14896 WILD FLOWER LN  
City-St-Zip: DELRAY BEACH, FL 33446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAVOUR, LUIZ A  
Address: 14896 WILDFLOWER LN  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPTD (X) Change ( ) Addition  
Name: CAVOUR, NICHOLAS  
Address: 14896 WILDFLOWER LN  
City-St-Zip: DELRAY BEACH, FL 33446

Title: DS (X) Change ( ) Addition  
Name: GOMES, SIRLENE  
Address: 14896 WILDFLOWER LN  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify 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: LUIZ A CAVOUR

PD

10/13/2009

Electronic Signature of Signing Officer or Director

Date