2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
03-10-2005 90137 046 ***158.75

DOCUMENT # P33580

1. Entity Name
CAVALLINO, INC.

Principal Place of Business	Mailing Address
P.O. BOX 810819 BOCA RATON, FL 33481	P.O. BOX 810819 BOCA RATON, FL 33481

66010368

02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3527944
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, JOHN W., JR.
5030 CHAMPION BLVD.
SUITE 6302
BOCA RATON, FL 33496

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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
Signature, typed or printed name of registered agent and title if applicable. (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	PT
NAME	BARNES, JOHN W., JR.
STREET ADDRESS	5030 CHAMPION BL, #6302
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	CD
NAME	BARNES, JOHN W., JR.
STREET ADDRESS	5030 CHAMPION BL, #6302
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VSD
NAME	BARNES, ALICIA
STREET ADDRESS	5030 CHAMPION BL, #6302
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John W. Barnes Jr 4-12-05 561-994-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #