

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094792

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CAVAL REAL ESTATE MANAGEMENT CORP.

## Current Principal Place of Business:

1553 SAN IGNACIO AVENUE  
CORAL GABLES, FL 331463006

## New Principal Place of Business:

1553 SAN IGNACIO AVENUE  
CORAL GABLES, FL 33146

## Current Mailing Address:

1553 SAN IGNACIO AVENUE  
CORAL GABLES, FL 331463006

## New Mailing Address:

1553 SAN IGNACIO AVENUE  
CORAL GABLES, FL 33146

FEI Number: 65-0625191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALLE, JOSE DR  
1553 SAN IGNACIO AVENUE  
CORAL GABLES, FL 331463006 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: VALLE, JOSE  
Address: 1553 SAN IGNACIO AVENUE  
City-St-Zip: CORAL GABLES, FL 331463006

Title: VD ( ) Delete  
Name: BAIXAULI, JOSE  
Address: 1553 SAN IGNACIO AVENUE  
City-St-Zip: CORAL GABLES, FL 331463006

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: VALLE, JOSE  
Address: 1553 SAN IGNACIO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD (X) Change ( ) Addition  
Name: BAIXAULI, JOSE  
Address: 1553 SAN IGNACIO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

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: JOSE VALLE

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date