


2007-FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S20589 1. Entity Name CAVALIER MANAGEMENT CORPORATION	
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FILED
07 FEB 28 PM 2: 06
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9 WEST FLAGLER STREET MIAMI, FL 33130 US	Mailing Address P O BOX 402188 MIAMI, FL 33140-0188 US
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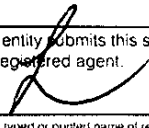
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 18851 NE 29th Avenue Suite, Apt. #, etc. 900
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02272007 Chg-P CR2E034 (12/06)

City & State Aventura, FL	City & State Aventura, FL	4. FEI Number 65-0243986	Applied For <input type="checkbox"/> Not Applicable
Zip 33180	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAIJMAN, ARLENE ESQ. 1111 KANE CONCOURSE 607 BAY HARBOR, FL 33154	7. Name and Address of New Registered Agent Name Leonardo A. Roth, Esq. Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave, Suite 900 City Aventura FL Zip Code 33180
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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.

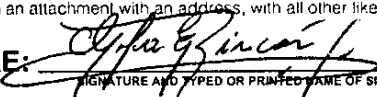
SIGNATURE  **Leonardo A. Roth, Esq.** DATE **2/27/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	600091009616 03/06/07--01009--023 **61.25
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAIJMAN, ISAAC	NAME	Gilia Elena Rincon Cespedes
STREET ADDRESS	9 WEST FLAGLER ST	STREET ADDRESS	9 West Flagler Street, Miami, FL 33130
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAIJMAN, MILTON	NAME	Guido Jose Rincon Cespedes
STREET ADDRESS	9 WEST FLAGLER ST	STREET ADDRESS	9 West Flagler Street, Miami, FL 33130
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Gamariel Antonio Rincon Cespedes
STREET ADDRESS		STREET ADDRESS	9 West Flagler Street, Miami, FL 33130
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Gerenalda Violeta Cespedes de Rincon
STREET ADDRESS		STREET ADDRESS	9 West Flagler Street, Miami, FL 33130
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Gladys Violeta Rincon de Rincon
STREET ADDRESS		STREET ADDRESS	9 West Flagler street, Miami, FL 33130
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Gustavo Antonio Rincon Cespedes
STREET ADDRESS		STREET ADDRESS	9 West Flagler Street, Miami, FL 33130
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Gilia Rincon** DATE **2/27/2007** DAYTIME PHONE # **(305) 279 0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Continuation Number 11:

Title: D

X Addition

Name: Gabriel Rincon Cespedes

Address: 9 West Flagler Street, Miami, FL 33130