2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2008 8:00 am Secretary of State **DOCUMENT # S20589** 05-01-2008 90228 043 ***158.75 CAVALIER MANAGEMENT CORPORATION Principal Place of Business Mailing Address 9 WEST FLAGLER STREET 18851 NE 29TH AVENUE MIAMI, FL 33130 US AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0243986 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC ROTH, LEONARDO A ESQ. 18851 NE 29TH AVE SUITE 900 AVENTURA FL 33180 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE XX Change NAME CESPEDES, GILIA E NAME RINCON CESPEDES, GILIA E. 9 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-7IP TD TITLE Delete TITLE XX Change ■ Addition CESPEDES, GUIDO J NAME RINCON CESPEDES, GUIDO J. NAME 9 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33130 CITY-ST-ZIP IIITE Delete TITLE XX Change ☐ Addition NAME CESPEDES, GAMARIEL A NAME RINCON CESPEDES, GAMARIEL A. 9 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition CESPEDES DE RINCON, GERENALDA V NAME NAME 9 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RINCON DE RINCON, GLADYS V NAME STREET ADDRESS 9 WEST FLAGLER STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-7/P TITLE ☐ Delete TITLE XX Change _ | Addition CESPEDES, GUSTAVO A RINCON CESPEDES, GUSTAVO A NAME NAME STREET ADDRESS 9 WEST FLAGLER STREET STREET ADORESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 507, 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.

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FILED