2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90228 043 ***158.75

DOCUMENT # S20589

1. Entity Name
CAVALIER MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
9 WEST FLAGLER STREET MIAMI, FL 33130 US	18851 NE 29TH AVENUE 900 AVENTURA, FL 33180 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0243986 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTH, LEONARDO A ESQ. 18851 NE 29TH AVE SUITE 900 AVENTURA, FL 33180	Name: FLORIDA ANNUAL REPORT SERVICES, INC Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE 200 City: MIAMI FL Zip Code: 33145

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: [signature] 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CESPEDES, GILIA E 9 WEST FLAGLER STREET MIAMI, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RINCON CESPEDES, GILIA E. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CESPEDES, GUIDO J 9 WEST FLAGLER STREET MIAMI, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RINCON CESPEDES,GUIDO J. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CESPEDES, GAMARIEL A 9 WEST FLAGLER STREET MIAMI, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RINCON CESPEDES, GAMARIEL A. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CESPEDES DE RINCON, GERENALDA V 9 WEST FLAGLER STREET MIAMI, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RINCON DE RINCON, GLADYS V 9 WEST FLAGLER STREET MIAMI, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CESPEDES, GUSTAVO A 9 WEST FLAGLER STREET MIAMI, FL 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RINCON CESPEDES, GUSTAVO A. ☒ Change ☐ Addition

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: Gerenalda de Rincón 4-28-08 305-856-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #