

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20589

FILED
Apr 27, 2009
Secretary of State

Entity Name: CAVALIER MANAGEMENT CORPORATION

Current Principal Place of Business:

9 WEST FLAGLER STREET
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE
900
AVENTURA, FL 33180 US

New Mailing Address:

9 WEST FLAGLER STREET
MIAMI, FL 33130 US

FEI Number: 65-0243986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY STE. 200
MIAMI, FL 33145 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: VD () Delete
Name: RINCON-CESPEDES, GILIA E
Address: 9 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130 US

Title: TD () Delete
Name: CESPEDES, GUIDO J
Address: 9 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130 US

Title: SD () Delete
Name: CESPEDES, GAMARIEL A
Address: 9 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130 US

Title: PD () Delete
Name: CESPEDES DE RINCON, GERENALDA V
Address: 9 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130 US

Title: D () Delete
Name: RINCON DE RINCON, GLADYS V
Address: 9 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130 US

Title: D () Delete
Name: RINCON CESPEDES, GUSTAVO A
Address: 9 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GILIA E. RINCON-CESPEDES

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date