


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90012 013 \*\*\*158.75

<b>DOCUMENT # V13059</b> 1. Entity Name CAVALLINO EVENTS, INC.	
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Principal Place of Business P.O. BOX 810819 BOCA RATON, FL 33481 US	Mailing Address P.O. BOX 810819 BOCA RATON, FL 33481 US
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**66003188**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0311297</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BARNES, JOHN W. JR. 5030 CHAMPION BLVD SUITE 6302 BOCA RATON, FL 33496
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**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARNES, JOHN JR 5030 CHAMPION BLVD, STE 6302 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARNES, ALICIA 5030 CHAMPION BLVD, STE 6302 BOCA RATON, FL 33496
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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-08** **561-994-1345**  
Date Daytime Phone #