

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056270

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** KAHALA FLORIDA PROPERTIES, INC.

**Current Principal Place of Business:**

1000 BRICKELL AVENUE, 215  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 BRICKELL AVENUE, 215  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 65-1149405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, 215  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GONCALVES, PAULO MARCIO P  
Address: 1000 BRICKELL AVENUE, 215  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: M.P. GONCALVES, PAULO FERNANDO  
Address: 1000 BRICKELL AVENUE, 215  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: M.P. GONCALVES, GUILHERME  
Address: 1000 BRICKELL AVENUE, 215  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: M.P. GONCALVES, FLAVIA  
Address: 1000 BRICKELL AVENUE, 215  
City-St-Zip: MIAMI, FL 33131

Title: PS  
Name: GONCALVES, PAULO M  
Address: 1000 BRICKELL AVENUE, 215  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: PAULO MARCIO P GONCALVES

D

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date