

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056270

FILED
Apr 29, 2008
Secretary of State

Entity Name: KAHALA FLORIDA PROPERTIES, INC.

Current Principal Place of Business:

520 BRICKELL KEY DRIVE O-305
MIAMI, FL 33131

New Principal Place of Business:

520 BRICKELL KEY DRIVE
SUITE O-305
MIAMI, FL 33131 US

Current Mailing Address:

520 BRICKELL KEY DRIVE O-305
MIAMI, FL 33131

New Mailing Address:

520 BRICKELL KEY DRIVE
SUITE O-305
MIAMI, FL 33131 US

FEI Number: 65-1149405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRANSGLOBAL CORPORATE ADMIN., LLC
520 BRICKELL KEY DRIVE O-305
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DYMAX INTERNATIONAL SERVICES, INC.
520 BRICKELL KEY DRIVE
SUITE O-305
MIAMI, FL 33131 US

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: RICARDO DEL GIGLIO

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONCALVES, PAULO MARCIO P
Address: 520 BRICKELL KEY DRIVE O-305
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: M.P. GONCALVES, PAULO FERNANDO
Address: 520 BRICKELL KEY DRIVE O-305
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: M.P. GONCALVES, GUILHERME
Address: 520 BRICKELL KEY DRIVE O-305
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: M.P. GONCALVES, FLAVIA
Address: 520 BRICKELL KEY DRIVE O-305
City-St-Zip: MIAMI, FL 33131

Title: PS () Delete
Name: GONCALVES, PAULO M
Address: 520 BRICKELL KEY DRIVE - SUITE O-305
City-St-Zip: MIAMI, FL 33131

Title: AS (X) Delete
Name: FREEMAN, STEPHEN
Address: 520 BRICKELL KEY DRIVE - SUITE O-305
City-St-Zip: MIAMI, FL 33131

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: PAULO MARCIO P GONCALVES

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date