

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056270

Entity Name: KAHALA FLORIDA PROPERTIES, INC.**Current Principal Place of Business:**1000 BRICKELL AVENUE, 400
MIAMI, FL 33131**Current Mailing Address:**1000 BRICKELL AVENUE, 400
MIAMI, FL 33131 US**FEI Number:** 65-1149405**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE MAINTENANCE SERVICES, LLC
1000 BRICKELL AVENUE, 400
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|---------------------------|
| Title | D |
| Name | GONCALVES, PAULO MARCIO P |
| Address | 1000 BRICKELL AVENUE, 400 |
| City-State-Zip: | MIAMI FL 33131 |

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|-----------------|--------------------------------|
| Title | D |
| Name | M.P. GONCALVES, PAULO FERNANDO |
| Address | 1000 BRICKELL AVENUE, 400 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|---------------------------|
| Title | D |
| Name | M.P. GONCALVES, GUILHERME |
| Address | 1000 BRICKELL AVENUE, 400 |
| City-State-Zip: | MIAMI FL 33131 |

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|-----------------|---------------------------|
| Title | D |
| Name | M.P. GONCALVES, FLAVIA |
| Address | 1000 BRICKELL AVENUE, 400 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|---------------------------|
| Title | PS |
| Name | GONCALVES, PAULO M |
| Address | 1000 BRICKELL AVENUE, 400 |
| City-State-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: GONCALVES , PAULO M

PS

05/26/2020

Electronic Signature of Signing Officer/Director Detail_____
Date