

2017 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

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

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**SECRETARY****04/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date