

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000017680

Entity Name: KIWI FIVE US, INC.**Current Principal Place of Business:**814 PONCE DE LEON BLVD., SUITE 310
CORAL GABLES, FL 33134**Current Mailing Address:**814 PONCE DE LEON BLVD., SUITE 310
CORAL GABLES, FL 33134 US**FEI Number:** 30-0965686**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CESARINI, ANDREA
814 PONCE DE LEON BLVD., SUITE 310
CORAL GABLES, FL 33134 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	PCEO
Name	CESARINI, ANDREA
Address	814 PONCE DE LEON BLVD., SUITE 310
City-State-Zip:	CORAL GABLES FL 33134

Title	COO
Name	BATTAGIN, ERICH
Address	814 PONCE DE LEON BLVD., SUITE 310
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	BATTAGIN, ERICH
Address	814 PONCE DE LEON BLVD., SUITE 310
City-State-Zip:	CORAL GABLES FL 33134

Title	ST
Name	BATTAGIN, ERICH
Address	814 PONCE DE LEON BLVD., SUITE 310
City-State-Zip:	CORAL GABLES FL 33134

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: ERICH BATTAGIN

VICE PRESIDENT

02/13/2020

Electronic Signature of Signing Officer/Director Detail_____
Date