

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000091824

**FILED**  
**Aug 15, 2019**  
**Secretary of State**  
**8993936172CC**

**Entity Name:** X-CLUSIV REALTY & INVESTMENTS, INC.

**Current Principal Place of Business:**

3211 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3211 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-3407533

**Certificate of Status Desired:** No

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

AMASTHA, BRYANT S  
3211 PONCE DE LEON BLVD  
SUITE 200  
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 P  
Name AMASTHA, BRYANT S  
Address 3211 PONCE DE LEON BLVD  
SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name DE NORFOLK, MARTHA C  
Address 3211 PONCE DE LEON BLVD  
SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title TREA  
Name DE NORFOLK, MARTHA C  
Address 3211 PONCE DE LEON BLVD  
SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title SEC  
Name AMASTHA, BRYANT S  
Address 3211 PONCE DE LEON BLVD  
SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BORELL, MICHAEL PHILLIP  
Address 3211 PONCE DE LEON BLVD  
SUITE 200  
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:** BRYANT S. AMASTHA

**PRESIDENT**

**08/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date