

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000016709

**Entity Name:** CARFEEL PROPS, INC.

**Current Principal Place of Business:**

5220 N.W. 72ND AVE.  
UNIT 25  
MIAMI, FL 33166

**Current Mailing Address:**

5220 N.W. 72ND AVE.  
UNIT 25  
MIAMI, FL 33166

**FEI Number:** 65-0580273

**Certificate of Status Desired:** Yes

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

KOLSKI, JR STEPHEN J  
2020 PONCE DE LEON BLVD.  
SUITE 905A  
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 PD  
Name FLORIDO, MARIA C  
Address 5220 N.W. 72ND AVE., UNIT 25  
City-State-Zip: MIAMI FL 33166

Title VD  
Name PIOVESAN, MARIA T  
Address 5220 N.W. 72ND AVE., UNIT 25  
City-State-Zip: MIAMI FL 33166

Title S  
Name HIDALGO, ROSSANA M  
Address 5220 N.W. 72ND AVE., UNIT 25  
City-State-Zip: MIAMI FL 33166

Title T  
Name SUAREZ, JENNY E  
Address 5220 N.W. 72ND AVE., UNIT 25  
City-State-Zip: MIAMI FL 33166

Title D  
Name VILASECA, JUAN G  
Address 5220 N.W. 72ND AVE, UNIT 25  
City-State-Zip: MIAMI FL 33166

*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:** JENNY SUAREZ

**TREASURER**

**03/14/2018**

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

\_\_\_\_\_  
Date