

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 AM 9:23

DOCUMENT # F93000001994

1. Entity Name
KIRKLAND HOLDINGS, LIMITED COMPANY



Principal Place of Business
4 COLUMBUS CENTRE, WICKHAM'S CAY
ROAD TOWN, TORTOLA,

Mailing Address
801 BRICKELL AVE.
16TH FLOOR
MIAMI, FL 33131



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

200125265782
04/23/08--01016--006 **1300.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OP
MANSFIELD, ABDIEL
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAS
BROCE, BRUNILDA
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZARAK DE LA GUARDIA, LUIS CARLOS
AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

(305) 381-8340

Date

Daytime Phone #

4/21/08