


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S36961**  
 1. Entity Name  
 WHITE CLOUD PARTNERS, INC.



Principal Place of Business  
 15600 NW 67TH AVE  
 STE 210  
 MIAMI LAKES, FL 33014

Main Address  
 15600 NW 67TH AVE  
 STE 210  
 MIAMI LAKES, FL 33014



04232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
 65-0262519

Applied For  
 (Not Applicable)

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

6. Name and Address of Current Registered Agent

THOMAS, FAYES F. JR  
 16 SW FIRST AVE  
 MIAMI, FL 33130

**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 qualifications of registered agent.

SIGNATURE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PO ZAMBRANO, WILLIAM MD 8627 GLENCAIRN TERR MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	STD TRENTACOSTE, JOSEPH MD 2659 EDGEWATER DR FT LAUDERDALE, FL
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U00000140587  
 04/29/04-80167-011 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included on this report or subsequent 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, will be other be employed.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR