


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90081 015 ***150.00

| | |
|---|---|
| DOCUMENT # S36961 1. Entity Name WHITE CLOUD PARTNERS, INC. |  |
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|--|--|
| Principal Place of Business 15600 NW 67TH AVE STE 210 MIAMI LAKES, FL 33014 | Mailing Address 15600 NW 67TH AVE STE 210 MIAMI LAKES, FL 33014 |
|--|--|

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0262519 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

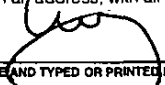
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 | PD 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 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  W. ZAMBRANO 2/1/05 305 825 2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #