

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008921

**Entity Name:** CLOUDBASE THERAPY, INC.

**Current Principal Place of Business:**

5800 MARGATE BLVD  
APT 812  
MARGATE, FL 33063

**Current Mailing Address:**

C/O RENATO GRANZOTI  
5800 MARGATE BLVD APT 812  
MARGATE, FL 33063 US

**FEI Number:** 47-5261187

**Certificate of Status Desired:** Yes

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

DE MIRANDA GRANZOTI, RENATO  
5800 MARGATE BLVD  
APT 812  
MARGATE, FL 33063 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:** RENATO DE MIRANDA GRANZOTI

02/10/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DE MIRANDA GRANZOTI, RENATO  
Address        5800 MARGATE BLVD  
                  APT 812  
City-State-Zip: MARGATE FL 33063

Title            VP  
Name            EIGLES, STEPHEN  
Address        960 NW 4TH CT  
City-State-Zip: BOCA RATON FL 33432

Title            SECRETARY, TREASURER  
Name            MATHISON, CARLOS  
Address        2166 HACIENDA TERR  
City-State-Zip: WESTON FL 33327

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RENATO DE MIRANDA GRANZOTI

**PRESIDENT**

02/10/2016

Electronic Signature of Signing Officer/Director Detail

Date