

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000045418

**Entity Name:** VAPESONACLOUD, INC.

**Current Principal Place of Business:**

18041 BISCAYNE BLVD.  
SUITE 504  
MIAMI, FL 33160

**Current Mailing Address:**

18041 BISCAYNE BLVD.  
SUITE 504  
MIAMI, FL 33160 US

**FEI Number:** 46-5712997

**Certificate of Status Desired:** No

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

KOHRN, DAVID  
18041 BISCAYNE BLVD  
SUITE 504  
MIAMI, FL 33160 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 P  
Name KOHRN, DAVID  
Address 18041 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33160

Title VP  
Name RIOS, DOUGLAS  
Address 18041 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33160

Title T  
Name SPEVACK, DAN  
Address 18041 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33160

Title S  
Name KOHRN, DAVID  
Address 18041 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33160

*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:** DAVID KOHRN

**PRESIDENT**

**04/28/2016**

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

\_\_\_\_\_  
Date