


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90033 006 \*\*\*150.00

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # P03000104364</b><br>1. Entity Name<br><b>PINK CLOUD HOLDINGS, INC.</b>   |  |    |  |
| Principal Place of Business<br><b>3191 CORAL WAY STE 303<br/>MIAMI, FL 33145</b>   |  | Mailing Address<br><b>3191 CORAL WAY STE 303<br/>MIAMI, FL 33145</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>300 Coral Way</b>   |  | 3. Mailing Address<br><b>4960 SW 72nd Ave</b>   |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br><b>#209</b>  |  |
| City & State<br>   |  | City & State<br><b>Miami, FL 33155</b>  |  |
| Zip<br>  |  | Zip<br><b>33155</b>   |  |
| Country<br>  |  | Country<br>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VAZQUEZ, LUIS<br/>3191 CORAL WAY STE 303<br/>MIAMI, FL 33145</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Frank Castro</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2328 SW 20 St</b><br>City <b>Miami FL</b> Zip Code <b>33145</b> |  |
| 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 _____  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>ARMAS, JOSE J<br/>3191 CORAL WAY STE 303<br/>MIAMI, FL 33145</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Jose Armas<br/>4960 SW 72 Ave #209<br/>Miami, FL 33155</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>CASTRO, FRANK J<br/>2328 SW 20 ST<br/>MIAMI, FL 33145</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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. |  |   |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |  |
| Date   |  | Daytime Phone #   |  |