

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104364

Entity Name: PINK CLOUD HOLDINGS, INC.

FILED  
Feb 05, 2009  
Secretary of State

**Current Principal Place of Business:**

3000 CORAL WAY  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

4960 SW 72ND AVE STE 209  
MIAMI, FL 33155

**New Mailing Address:**

4960 SW 72ND AVE STE 308  
MIAMI, FL 33155

FEI Number: 52-2407556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTRO, FRANK  
2328 SW 20 ST  
MIAMI, FL 33145 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ARMAS, JOSE J  
Address: 4960 SW 72 AVE STE 209  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: CASTRO, FRANK J  
Address: 2328 SW 20 ST  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK CASTRO

D

02/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date