

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2006 8:00 am
Secretary of State

04-27-2006 90153 021 ***150.00

DOCUMENT # P05000034950 1. Entity Name CLOUD NINE CONCEPTS, INC.																										
Principal Place of Business 5535 W 13 AVENUE HIALEAH FL 33012 US		Mailing Address 5535 W 13 AVENUE HIALEAH FL 33012 US																								
2. Principal Place of Business 1612 HARRISON ST. Suite, Apt. #, etc. # 5		3. Mailing Address 1612 HARRISON ST. Suite, Apt. #, etc. # 5																								
City & State HOLLYWOOD, FLA.		City & State HOLLYWOOD, FLA.																								
Zip 33020		Zip 33020																								
Country U.S.		Country U.S.																								
4. FEI Number 20-2435252		Applied For ☐ Not Applicable																								
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent BANNARUK, PRAYONG 5535 W 13 AVENUE HIALEAH FL 33012		7. Name and Address of New Registered Agent Name PRAYONG BANNARUK Street Address (P.O. Box Number is Not Acceptable) 1612 HARRISON ST. #5 City HOLLYWOOD FL Zip Code 33020																								
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)																										
DATE _____																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																										
SIGNATURE: <u>Prayong Bannaruk</u> PRAYONG BANNARUK <u>4/16/06</u> <u>(305) 910-3146</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																										