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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 08 1997 8:00am

Secretary of State

4-1-97 813-272-2261
Date Daytime Prone #

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## 1997 DOCUMENT # **P95000056787 (1)**

CLOUDLAND, INC.

SIGNATURE:

Principal Place of Business Mailing Address 7517 PITCH PINE CIRCLE STE C 7517 PITCH PINE CIRCLE STE C TAMPA FL 33617-8538 TAMPA FL 33617 3. Date Incorporated or Qualified 3a. Date of Last Report 07/21/1995 03/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3338868 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additions 5. Certificate of Status Desired Fee Regum 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 ZHOU, HUANCHUN 7517 PITCH PINE CIRCLE STE C 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33617 B3** 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Superiors typed or priced name of registered agent and title of applicable (NOTE: Fleg stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. TITLE ☐ DELETE 1.1 TITLE Change Addition ZHOU, HUANCHUN 1.2 NAME NAME 7517 PITCH PINE CIRCLE STE C STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33617** CHY-ST-26 1.4 CITY-ST-ZIP Change DELETE Addition Tittle 2.1 TITLE 2.2 NAME NAME STREET ACIORESS 2.3 STREET ADDRESS CHY-SI-76 2.4 CITY - ST - ZIP DELETE Addition 3.1 TITLE THLE NAM: 3.2 NAME 3.3 STREET ADDRESS STREET ACCURESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP City-SE-7P DELETE Change Addition 51 TITLE THILE 5.2 NAME NAME STREET ADDIESS 5.3 STREET ADDRESS City - St - ZIP 5.4 CITY-ST-ZIP DELETE Addition TillE 6.1 TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS

6.4 CITY - S) - ZIP 14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR