


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S36961
 1. Entity Name
 WHITE CLOUD PARTNERS, INC.



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| Principal Place of Business 15600 NW 67TH AVE STE 210 MIAMI LAKES, FL 33014 | Main Address 15600 NW 67TH AVE STE 210 MIAMI LAKES, FL 33014 |
|--|---|



04232004 No Chg-P CR2E034 (10/03)

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| 4. FCI Number 65-0262519 | Applied For First Appearance |
|-----------------------------|---------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 THOMAS, FAYES F. JR
 16 SW FIRST AVE
 MIAMI, FL 33130

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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 qualifications of registered agent.

SIGNATURE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD ZAMBRANO, WILLIAM MD 8627 GLENCAIRN TERR MIAMI LAKES, FL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | STD TRENTACOSTE, JOSEPH MD 2659 EDGEWATER DR FT LAUDERDALE, FL |
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 04/29/04-80167-011 150.00

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12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included on this report or subsequent 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, will be other be employed.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR