



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S36961 1. Entity Name WHITE CLOUD PARTNERS, INC.			
Principal Place of Business 15600 NW 67TH AVE STE 210 MIAMI LAKES, FL 33014		Mailing Address 15600 NW 67TH AVE STE 210 MIAMI LAKES, FL 33014	
DO NOT WRITE IN THIS SPACE			
			
		01292007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0262519		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAMBRAMO, BARBARA 15600 NW 67 AVE SUITE 210 MIAMI LAKES, FL 33014		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRENTACOSTE, JOSEPH MD 2659 EDGEWATER DR FORT LAUDERDALE, FL 33332		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE: _____		President 1/29/07 305 825 2020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	