

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000035702

**Entity Name:** CLOUDNOLA, INC.

**Current Principal Place of Business:**

10756 NW 80TH LN.  
DORAL, FL 33178

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**8523118112CC**

**Current Mailing Address:**

5119 HAWTHORNE DR  
APT K  
WEST DES MOINES, IA 50265 US

**FEI Number: 81-2260675**

**Certificate of Status Desired: Yes**

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 US

*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

**Officer/Director Detail :**

Title P, T  
Name JIMENEZ, CHRISTIAN G  
Address 10756 NW 80TH LN.  
City-State-Zip: DORAL FL 33178

Title S  
Name DRAGONI, RITA A  
Address 5119 HAWTHORNE DR  
APT K  
City-State-Zip: WEST DES MOINES IA 50265

Title D  
Name JIMENEZ, CHRISTIAN G  
Address 10756 NW 80TH LN.  
City-State-Zip: DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE: JIMENEZ, CHRISTIAN G**

**PRESIDENT**

**01/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date