

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000034129

**Entity Name:** AVALDES CONSULTING INC

**Current Principal Place of Business:**

10260 SW 59TH ST  
COOPER CITY, FL 33328

**Current Mailing Address:**

10260 SW 59TH ST  
COOPER CITY, FL 33328 US

**FEI Number:** 82-5198323

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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  
Name VALDES, ANNABELLE  
Address 10260 SW 59TH ST  
City-State-Zip: COOPER CITY FL 33328

Title TRE  
Name VALDES, ALEXANDER  
Address 10260 SW 59TH ST  
City-State-Zip: COOPER CITY FL 33328

Title SEC  
Name VALDES, ALEXANDER  
Address 10260 SW 59TH ST  
City-State-Zip: COOPER CITY FL 33328

Title VP  
Name VALDES, ALEXANDER  
Address 10260 SW 59TH ST  
City-State-Zip: COOPER CITY FL 33328

Title DIR  
Name VALDES, ANNABELLE  
Address 10260 SW 59TH ST  
City-State-Zip: COOPER CITY FL 33328

Title DIR  
Name VALDES, ALEXANDER  
Address 10260 SW 59TH ST  
City-State-Zip: COOPER CITY FL 33328

*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:** ALEXANDER VALDES

**VICE PRESIDENT**

**03/21/2024**

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

\_\_\_\_\_  
Date