

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90030 016 ***150.00

DOCUMENT # 558639

1. Entity Name
BST CONSULTANTS, INC.



Principal Place of Business
5925 BENJAMIN CENTER DR, #110
P.O. BOX 23425
TAMPA, FL 33623

Mailing Address
5925 BENJAMIN CENTER DR, #110
P.O. BOX 23425
TAMPA, FL 33623

60016235



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-1841906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALDOR, CARLOS
5925 BENJAMIN CENTER DR, #110
TAMPA, FL 33634

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME BALDOR, CARLOS
STREET ADDRESS 10312 GREENHEDGES DR
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1110 Culbreath Isle Dr
CITY-ST-ZIP Tampa, FL 33629

TITLE V ☐ Delete
NAME BALDOR, JAVIER
STREET ADDRESS 11802 MIDDLEBURY DRIVE
CITY-ST-ZIP TAMPA, FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4923 Lyford Cay Road
CITY-ST-ZIP Tampa, FL 33629

TITLE DS ☐ Delete
NAME BALDOR, LIANA
STREET ADDRESS 9805 EMERALD LINKS DR
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PDT ☐ Delete
NAME BALDOR, CARLOS
STREET ADDRESS 9805 EMERALD LINKS DR
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Carlos Baldor

Carlos Baldor, President 2/13/06 813-886-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #