

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**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**



**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1841906** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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

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, 2007 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  
**V  
BALDOR, CARLOS  
1110 CULBREATH ISLE DR  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
BALDOR, JAVIER  
4923 LYFORD CAY RD  
TAMPA, FL 33629**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/22/07-80054-016 150.00

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, President**

**1/9/07**

**813-886-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #