2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 558639

Entity Name: BST CONSULTANTS, INC.

BALDOR, CARLOS

TAMPA, FL 33626

9805 EMERALD LINKS DR

Name:

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Littly Nan	ile. B31 COI	NSOLTAINTS, INC.				
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
5925 BENJAMIN CENTER DR, #110 P.O. BOX 23425 TAMPA, FL 33623			#110	5925 BENJAMIN CENTER DR #110 TAMPA, FL 33634		
Current Ma	ailing Addre:	ss:	New Mailing	New Mailing Address:		
5925 BENJAMIN CENTER DR, #110 P.O. BOX 23425 TAMPA, FL 33623			#110	5925 BENJAMIN CENTER DR #110 TAMPA, FL 33634		
FEI Number:	59-1841906	FEI Number Applied For ()	FEI Number Not Applical	ble () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
BALDOR, CARLOS 5925 BENJAMIN CENTER DR, #110 TAMPA, FL 33634 US			5925 BEŃJAN #110	BALDOR, CARLOS 5925 BENJAMIN CENTER DR #110 TAMPA, FL 33634 US		
The above in the State		submits this statement for the p	urpose of changing its r	registered office or registered agent, or both	l,	
SIGNATUR	RE:			01/16/2009		
	Electro	nic Signature of Registered Age	nt	Date	-	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V (BALDOR,CARI 1110 CULBRE, TAMPA, FL 33	ATH ISLE DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V (BALDOR, JAVI 4923 LYFORD TAMPA, FL 33	CAY RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DS (BALDOR, LIAN 9805 EMERAL TAMPA, FL 33	D LINKS DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	PDT () Delete	Title	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS BALDOR PDT 01/16/2009