


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L10304 1. Entity Name CONSOLIDATED VENTURES, INC.	
---	---

Principal Place of Business 100 RIVERSIDE DR #706 COCOA, FL 32922	Mailing Address 100 RIVERSIDE DR #706 COCOA, FL 32922
--	--



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2964621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILARDEBO, ANGELINA N
100 RIVERSIDE DR
COCOA, FL 32922

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000112722
04/14/04-80034-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VILARDEBO, ANGELINA N. 100 RIVERSIDE DR #706 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VILARDEBO, CHARLES K 100 RIVERSIDE DR #706 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VILARDEBO, KENNETH M. 435 SHERWOOD AVE SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ANGELINA N. VILARDEBO
Angelina N. Vilardebo 4/8/2004 321-433-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #