

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L10304 1. Entity Name CONSOLIDATED VENTURES, INC.	
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Principal Place of Business 100 RIVERSIDE DR #706 COCOA, FL 32922	Mailing Address 100 RIVERSIDE DR #706 COCOA, FL 32922
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2964621	Applied For <input type="checkbox"/> 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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000837100 04/21/08-80006-024 150.00
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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 292 LANTERBACK ISLAND DR SATELLITE BEACH, FL 32937
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 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: *Charles K. Vilardebo* Charles K. Vilardebo 4/4/2008 321-433-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #