

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000082381 1. Entity Name BONNIE VALDES CONSULTING SERVICES, INC.	
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Principal Place of Business 707 GROVEWOOD LANE LARGO, FL 33770-2723	Mailing Address 707 GROVEWOOD LANE LARGO, FL 33770-2723
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3668424	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, BONNIE B  
 707 GROVEWOOD LANE  
 LARGO, FL 33770-2723

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000194835 01/26/05 00005-008 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VALDES, BONNIE B 707 GROVEWOOD LANE LARGO, FL 337702723
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT VALDES, JOSE G 707 GROVEWOOD LANE LARGO, FL 337702723
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Bonnie B. Valdes* Bonnie B. Valdes 1/20/05 (737) 518-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #