


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000082381
 1. Entity Name
BONNIE VALDES CONSULTING SERVICES, INC.



Principal Place of Business Mailing Address
 707 GROVEWOOD LANE 707 GROVEWOOD LANE
 LARGO, FL 33770-2723 LARGO, FL 33770-2723

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3668424 Not Applicable

5. Certificate of Status Desired **\$8.75** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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

000000789037
 01/22/08-80010-002 150.00

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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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: Bonnie B. Valdes 1/15/08 (127) 518-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bonnie B. Valdes