


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000076574
 1. Entity Name
 WEST FLAGLER CONSULTING SERVICES, INC.



Principal Place of Business 8247 W. FLAGLER MIAMI, FL 33126	Mailing Address 13300 SW 128 ST MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0088334	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
 VALLADARES, ALEXANDER F
 13300 SW 128 ST
 MIAMI, FL 33186

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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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLADARES, ALEXANDER F 13300 SW 128 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AEDO, BERTA 13300 SW 128 ST. MIAMI, FL 33186
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 06/03/08-80027-017 150.00

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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: _____ *[Signature]* _____ *5/5/08* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #