

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90009 040 ***150.00

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1. Entity Name
HIGH VALUE CONSULTING USA, CORP.



Principal Place of Business
6509 SANDPIPER DR.
COCONUT CREEK, FL 33073

Mailing Address
6509 SANDPIPER DR.
COCONUT CREEK, FL 33073



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08242007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number **80-4974963** Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, ANDREW ESQ.
536 BILTMORE WAY
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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 DP ☐ Delete
NAME VALDERRAMA, HUGO F
STREET ADDRESS 6509 SANDPIPER DR.
CITY - ST - ZIP COCONUT CREEK, FL 33073

TITLE DVP ☐ Delete
NAME VALDERRAMA, CARLOS ANDRES
STREET ADDRESS 6509 SANDPIPER DR.
CITY - ST - ZIP COCONUT CREEK, FL 33073

TITLE DS ☐ Delete
NAME ANDRADE, NURY BETSY
STREET ADDRESS 6509 SANDPIPER DR.
CITY - ST - ZIP COCONUT CREEK, FL 33073

TITLE DT ☐ Delete
NAME VALDERRAMA, ANGELICA MARIA
STREET ADDRESS 6509 SANDPIPER DR.
CITY - ST - ZIP COCONUT CREEK, FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/07

Date

Daytime Phone #