

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028508

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: AB COMPUTER CONSULTING CORP.

**Current Principal Place of Business:**

18706 SW 17 COURT  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 824822  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

FEI Number: 65-1010655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSALES, BELKIS  
18706 SW 17 COURT  
MIRAMAR, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROSALES, BELKIS  
Address: 18706 SW 17 COURT  
City-St-Zip: MIRAMAR, FL 33029

Title: V ( ) Delete  
Name: ROSALES, ARMANDO  
Address: 18706 SW 17 COURT  
City-St-Zip: MIAMI, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO ROSALES

V

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date