

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90028 011 ***150.00

DOCUMENT # P06000154058

1. Entity Name
COMPUTER CONSULTING CORPORATION



Principal Place of Business
**634 BARNES BOULEVARD,
SUITE 104
ROCKLEDGE, FL 32955**

Mailing Address
**634 BARNES BOULEVARD,
SUITE 104
ROCKLEDGE, FL 32955**

60024466



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8049266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HARDY, MATTHEW J
970 CHURCH ST
ROCKLEDGE, FL 32955~~

**SYLVIA ABDEL MALIK
49 WESTFORD LN,
PALM COAST, FL 32164**

**DO NOT WRITE
IN THIS SPACE**

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 *Sylvia Abdel Malik*, **SYLVIA ABDEL MALIK, PRESIDENT** 4/1/08
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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HARDY, MATTHEW J
STREET ADDRESS	970 CHURCH ST
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	P
NAME	ABDELMALIK, SYLVIA
STREET ADDRESS	49 WESTFORD LN
CITY - ST - ZIP	PALM COAST, FL 32164
TITLE	T
NAME	TADROUS, MAGDY
STREET ADDRESS	49 WESTFORD LN
CITY - ST - ZIP	PALM COAST, FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #