


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000026707

1. Entity Name
COMCOR CONSULTING SERVICES, INC.



Principal Place of Business Mailing Address

5353 NORTH FEDERAL HIGHWAY, SUITE 402 5353 NORTH FEDERAL HIGHWAY, SUITE 402
FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0965646 Not Applicable

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

6. Name and Address of Current Registered Agent

MERETSKY, MONA CSEP
5353 NORTH FEDERAL HIGHWAY, SUITE 402
FORT LAUDERDALE, FL 33308

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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: *Monica Meretsky* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MERETSKY, MONA CSEP
STREET ADDRESS	5353 NORTH FEDERAL HIGHWAY, SUITE 402
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
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03/24/05-80015-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerers.

SIGNATURE: *Monica A. Meretsky* 3/17/05 954-491-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #