


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90168 041 ***150.00

DOCUMENT # P99000026707

1. Entity Name
COMCOR CONSULTING SERVICES, INC.



Principal Place of Business
**5353 NORTH FEDERAL HIGHWAY, SUITE 402
 FORT LAUDERDALE, FL 33308**

Mailing Address
**5353 NORTH FEDERAL HIGHWAY, SUITE 402
 FORT LAUDERDALE, FL 33308**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4172006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0965646 Applied For
 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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	MERETSKY, MONA CSEP	
STREET ADDRESS	5353 NORTH FEDERAL HIGHWAY, SUITE 402	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Monica Csep* **4/17/06** **954 491 3233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40053810



Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report:	
Document Number	P99000026707
Business Entity Name	COMCOR CONSULTING SERVICES, INC.
Original File Date	03/18/1999

FEI Number 65-0965646

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

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

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

Officer/Director Name And Address

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

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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