Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90014 045 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J78698**

1. Corporation Name

ATLAS GUARDIANSHIP SERVICES, INC.

Principal Place	o of Business	Mai	ling Address				\dashv					 		
1880 NE 163 R) NE 163RD ST				İ			•				
2ND FLOOR	D 31		FLOOR				ľ							
N MIAMI FL 33162		N MIAMI BCH FL 33162				DO NOT WRITE IN THIS SPACE								
US		US				•	- 1	Date Incorpo		ıalifed			٠	ļ
								06/19/19						
2. Principal P	lace of Business	2a.	Mailing Address				4.	FEI Number		,			Applied F	
21		26						65-00078	83	·			lot Appli	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5.	Certificate of	Status Des	ired 🕽		• \$8.75	Addition Required	iai
22 City 9 Ctat		27	City & State				+-	<u> </u>	maia Fia				May B	
City & Stat	e	-	City & State				6.	Election Car Trust Fund		-			บ May ย Ito Fees	
Zip	Country	28	Zip	Соц	ntry		R	This corpora			t vear in			
24	25	29		30	,		"	Personal Pr			. ,	Yes	XNo	
	9. Name and Address of Cur		ered Agent				10.	Name and	Address of	New Reg	gistered	Agent		
-			<u> </u>		81	Name								
	AMS, RONNEE				82	Street Add	troes (P	O. Box Nun	her is Not A	ccentab	<u> </u>			
	5 NE 162 ST				02		Fö"	NE	163	Par J	7			
N M	IAMI BCH FL 33162				83									
					84	Cibi						85 Zir	Code	-
					04	City////	Vian	m Bes	ech		FL	- " 3	316	2
11. Pursuant	to the provisions of Sections 607.0	0502 and 60	7.1508, Florida Sta	tutes, the a	bove-r	named com	poration	submits this	statement	for the pu	irpose of	changing i	ts registe	red
, office or n	egistered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida ligat ion s of,	a. Such change wa Section 607.0505,	s autnorized Florida Stati	iby≀n µte⊈t:	ie corporati	ION S DO	ara oi airecti	DIS. I Heleby	у ассері і	ile appo	and and	egistere	
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							∠ 7			•	777	/ 7		
SIGNATURE	Signature, typed or printed name of registered		applicable. (N	OTE: Registered	Agent si						DATE			
12.	Signature, typed or printed name of registered OFFICERS		applicable. (N CTORS	OTE: Registered				einstating) ADDITIONS/(CHANGES	TO OFFIC	DATE CERS AI			
<i>\</i>	Signature, typed or printed name of registered OFFICERS	agent and title if	applicable. (N	OTE: Registered 13.	nle.				CHANGES	TO OFFIC	DATE CERS AI	ND DIRECT		12 ddition
12.	/Signature, typed or printed name of registered OFFICERS P ABRAMS, RONNEE	agent and title if	applicable. (N CTORS	13. 1.1 TI 1.2 NA	TLE WE	ignafure require			CHANGES	TO OFFIC	DATE/ CERS AI			
12.	/Signature, typed or printed name of registered OFFICERS P ABRAMS, RONNEE 1785 NE 162 ST	agent and title if	applicable. (N CTORS	OTE: Registered 13. 1.1 Ti 1.2 N 1.3 ST	TLE AME REET AL	poress			CHANGES	TO OFFIC	DATE CERS AI			
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14. 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 annual report or supplemental annual 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: