

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045058

Entity Name: ATLAS SYSTEMS, INC.

FILED
Jul 15, 2008
Secretary of State

Current Principal Place of Business:

14460 HICKORY COURT
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

3351 SW 20TH STREET
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-4596618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIELE, NICOLA
14460 HICKORY COURT
DAVIE, FL 33325 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, GUILLERMO
Address: 3351 SW 20TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: VP () Delete
Name: MIELE, NICOLA
Address: 20013 NW 62ND PLACE
City-St-Zip: MIAMI LAKES, FL 33015 US

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 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: NICOLA MIELE

VP

07/15/2008

Electronic Signature of Signing Officer or Director

Date