Amended Report

2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

ANNUAL R	EPUNI (AR)	· - P	
DOCUMENT # 585973 1. Entity Name	, 40		FILED
ATLAS SERVICE, INC.	~		05 MAR 30 - PM 2: 09
Principal Place of Business	Mailing Address		SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA
3200 S. CONGRESS AVE. SUITE 102	3200 S. CONGRESS AVE. SUITE 102		TALLAMASSEE
BOYNTON BEACH L 33426 US	BOYNTON BEACH L 334: US	26	LUTRAN BRILITAN TARA HARTIFU DA LUBA ULA ULA DERA BARA LURICULA CON
2. Principal Place of Business 101 Commerce Road		ce Road	10280 886 880 100 100 100 100 100 100 100 100 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
Boynton Beach, a	Boynton Bear		4. FEI Number 59-1847472 Applied For Not Applicable
33426 Country U.S	33426	CoUntry US	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent			
GROSSMAN, KIMBERLÝ A 3200 S CONGRESS AVENUE		Street Address	mberty A. Grassman -
#102 BOYNTON BEACH FL 33426		1.101	Commerce Road
		City Boys	
8. The above named entity systemits this statement for the pulpose of changing its registered office pregistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Sophatus, Provide printed name of regressived agont and late if englished Agont Tignetuse Inquired when reinstating) DATE			
FUENOWIII) FEE ICLES ON			
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME GROSSMAN, STEVEN HAL	☐ Delete ~	NAME Z	Therin A. Grossnan Change MAddition
SIREET ADDRESS DI COMM-Erce C CITY-SI-ZIP BOYNTON BEACH FL 33426	<i>q</i> ·	STREET ADDRESS ST	communica Koad bynton Beach, PC 33426
TITLE	Delete	TITLE NAME	Change Addition
CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP 03	108/05 90/16/L 018 150
TIFLE NAME	☐ Delete	TITLE MAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		_STREET ADDRESS	- Committee of the comm
TITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	SHM 3/30/05
DITLE	☐ Detete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	0
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP	sh this Elian day	CITY-ST-ZIP	MOOTON'S Florid Constant Id all and a district and
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3½), 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 accress, with all other like empowered.			
SIGNATURE:			3/3/05
	PRINTER NAME OF SIGNING OFFICER OF	DIRECTOR	Ditto Davierse Phone #