

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J78698

**Entity Name:** ATLAS GUARDIANSHIP SERVICES, INC.

**Current Principal Place of Business:**

C/O RONNEE ROSEN  
3340 N.E. 190TH STREET 802  
AVENTURA, FL 33180

**Current Mailing Address:**

C/O RONNEE ROSEN  
3340 N.E. 190TH STREET UNIT 802  
AVENTURA, FL 33180 US

**FEI Number:** 65-0007883

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABRAMS, RONNEE  
C/O RONNEE ROSEN  
3340 N.E. 190TH STREET UNIT 802  
AVENTURA, FL 33180 US

*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

**Officer/Director Detail :**

Title P  
Name ABRAMS, RONNEE  
Address C/O RONNEE ROSEN  
3340 N.E. 190TH STREET UNIT 802  
City-State-Zip: AVENTURA FL 33180

Title VS  
Name ABRAMS ROSEANN  
Address C/O RONNEE ROSEN  
3340 N.E. 190TH STREET UNIT 802  
City-State-Zip: AVENTURA FL 33180

Title S  
Name GAVCOVICH, LOIS  
Address C/O RONNEE ROSEN  
3340 N.E. 190TH STREET UNIT 802  
City-State-Zip: AVENTURA FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE:** RONNEE ABRAMS

**PRESIDENT**

**01/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date