

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J78698

**FILED**  
**Mar 18, 2017**  
**Secretary of State**  
**CC2698313560**

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

**Current Principal Place of Business:**

1920 E. HALLANDALE BEACH BLVD.  
SUITE 619-A  
HALLANDALE, FL 33009

**Current Mailing Address:**

1920 E. HALLANDALE BEACH BLVD.  
SUITE 619-A  
HALLANDALE, FL 33009 US

**FEI Number:** 65-0007883

**Certificate of Status Desired:** No

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

ABRAMS, RONNEE  
1920 E. HALLANDALE BEACH BLVD.  
619-A  
HALLANDALE, FL 33009 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 1920 EAST HALLANDALE BEACH  
BLVD.  
SIOTE 619-A  
City-State-Zip: HALLANDALE FL 33009

Title VS  
Name ABRAMS ROSEANN  
Address 1920 EAST HALLANDALE BEACH  
BLVD.  
619-A  
City-State-Zip: HALLANDALE FL 33009

Title S  
Name GAVCOVICH, LOIS  
Address 1920 EAST HALLANDALE BEACH  
BLVD.  
SUITE 619-A  
City-State-Zip: HALLANDALE BEACH FL 33009

Title S  
Name ROSEN, ROBERT  
Address 1920 EAST HALLANDALE BEACH  
BLVD.  
SUITE 619-A  
City-State-Zip: HALLANDALE BEACH FL 33009

*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**

**03/18/2017**

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

\_\_\_\_\_  
Date