

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90064 047 \*\*\*158.75

DOCUMENT # **J78698**

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



Principal Place of Business Mailing Address  
**1117 E HALLANDALE BEACH BLVD STE 4** **1880 NE 163 RD ST**  
**N MIAMI FL 33162** **N MIAMI FL 33162**  
**US** **US**

*1117 E Hallandale Suite 4 Hallandale, FL*



2. Principal Place of Business - No P.O. Box #  
**1117 E Hallandale Blvd**

3. Mailing Address  
**33009**

Suite, Apt. #, etc.  
**Suite 4**

Suite, Apt. #, etc.  
**Same**

City & State  
**Hallandale FL**

City & State  
**Same**

1st MOORE CR2E034 (10/06)

4. FEI Number **65-0007883** Applied For  
 Not Applicable

Zip **33009** Country **Broward**

Zip **33009** Country **FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ABRAMS, RONNEE**  
**1117 E HALLANDALE BEACH BLVD STE 4**  
**HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ABRAMS, RONNEE</b> <b>1117 E HALLANDALE BEACH BLVD STE 4</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS</b> <b>ABRAMS ROSEANN</b> <b>1117 E HALLANDALE BEACH BLVD STE 4</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>GAVCOVICH, LOIS</b> <b>1117 E HALLANDALE BEACH BLVD STE 4</b> <b>HALLANDALE BEACH FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>ROSEN, ROBERT</b> <b>1117 E HALLANDALE BEACH BLVD STE 4</b> <b>HALLANDALE BEACH FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 address, with all other like empowered.

SIGNATURE: *Robert Rosen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/07* *305-747-6503*  
 Date Daytime Phone #