


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J78698 1. Entity Name ATLAS GUARDIANSHIP SERVICES, INC.	
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FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 1117 E HALLANDALE BEACH BLVD STE 4 HALLANDALE, FL 33009 US	Mailing Address 1117 E HALLANDALE BEACH BLVD STE 4 HALLANDALE, FL 33009 US
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07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0007883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

DO NOT WRITE
IN THIS SPACE

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
Due by September 12, 2008

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

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ABRAMS, RONNEE
STREET ADDRESS	1117 E HALLANDALE BEACH BLVD STE 4
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VS
NAME	ABRAMS ROSEANN
STREET ADDRESS	1117 E HALLANDALE BEACH BLVD STE 4
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	S
NAME	GAVCOVICH, LOIS
STREET ADDRESS	1117 E HALLANDALE BEACH BLVD STE 4
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	S
NAME	ROSEN, ROBERT
STREET ADDRESS	1117 E HALLANDALE BEACH BLVD STE 4
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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07/14/08-80012-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ronnie Rosen* **PRESIDENT** Date: **7/09/08** ✓ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR