2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108092

Entity Name: ATLANTIS SOLUTIONS, INC.

FILED Apr 09, 2009 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

1111 CRANDON BLVD. 1111 CRANDON BLVD.

APT. 1001 APT. 1001

KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

2121 PONCE DE LEON BLVD SUITE 240 2121 PONCE DE LEON BLVD

SUITE 240

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US

FEI Number: 65-1151583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PRATS FERNANDEZ & CO, PA. 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition

Name: VELEZ, LEONARDO Name: VELEZ, LEONARDO

1111 CRANDON BLVD. APT. 1001 1111 CRANDON BLVD. APT. 1001 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149 US

() Delete DVST Title: DVST (X) Change () Addition Title:

Name: MARTIN, LUZ M Name: MARTIN, LUZ M

1111 CRANDON BLVD. APT. 1001 1111 CRANDON BLVD. APT. 1001 Address: Address: KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: DPST () Delete DPST

VELEZ, ALEJANDRO VELEZ, ALEJANDRO Name: Name:

1111 CRANDON BLVD, APT, 1001 1111 CRANDON BLVD, APT, 1001 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONARDO VELEZ **DPST** 04/09/2009