

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000109407

Entity Name: SPLIT FIRST ATM, INC.

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4817 E. BUSCH BLVD.  
SUITE # 217  
TAMPA, FL 33617 US

## **New Principal Place of Business:**

2915 MOSSY TIMBER TRAIL  
VALRICO, FL 33596 US

## **Current Mailing Address:**

4817 E. BUSCH BLVD.  
SUITE # 217  
TAMPA, FL 33617 US

## **New Mailing Address:**

2915 MOSSY TIMBER TRAIL  
VALRICO, FL 33596 US

FEI Number: 20-3253753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EL-ABED, YMAD  
2915 MOSSY TIMBER TRAIL  
VALRICO, FL 33596 US

## **Name and Address of New Registered Agent:**

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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: EL-ABED, YMAD  
Address: 2915 MOSSY TIMBER TRAIL  
City-St-Zip: VALRICO, FL 33596 US

Title: VP  
Name: OTHMAN, AKRAM  
Address: 1904 BURRIDGE CT  
City-St-Zip: VALRICO, FL 33594 US

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: YMAD EL-ABED

P

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date