

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000066386

**FILED**  
**Aug 27, 2010**  
**Secretary of State**

**Entity Name:** WASHITA SERVICES CORP.

**Current Principal Place of Business:**

1500 SAN REMO AVE STE 125  
MIAMI, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVE STE 125  
MIAMI, FL 33146

**New Mailing Address:**

**FEI Number:** 26-1995960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE  
STE 125  
CORAL GABLES, FL 33146 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:** PTD  
**Name:** BRAKHA, JOEL E  
**Address:** 169 EAST FLAGLER ST STE 1620  
**City-St-Zip:** MIAMI, FL 33131

**Title:** S  
**Name:** GLINSKY, MICHAEL  
**Address:** 169 E FLAGLER ST - STE 118  
**City-St-Zip:** MIAMI, FL 33131

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:** JOEL BRAKHA

PTD

08/27/2010

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

\_\_\_\_\_  
Date