

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000080723

Entity Name: ATLUS SOLUTIONS, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1600 DAVIE BOULEVARD  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1600 DAVIE BOULEVARD  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 27-1085081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAQVI, SYED A  
21218 ST ANDREWS BLVD # 240  
BOCA RATON, FL 33433 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: STEWART, ARLESHIA J  
Address: 1600 DAVIE BOULEVARD  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP  
Name: NAQVI, SYED A  
Address: 21218 ST. ANDREWS BLVD. # 240  
City-St-Zip: 21218 ST. ANDREWS BLVD., FL 33433

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: ARLESHIA STEWART

P

04/30/2011

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

\_\_\_\_\_  
Date