

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000063498

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** ATASSI ENTERPRISES, INCORPORATED

**Current Principal Place of Business:**

8549 FORT THOMAS WAY  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

8549 FORT THOMAS WAY  
ORLANDO, FL 32822 US

**New Mailing Address:**

**FEI Number:** 59-3263724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATASSI, AMJAD A  
8549 FORT THOMAS WAY  
ORLANDO, FL 32822 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:** PC  
**Name:** ATASSI, AMJAD A  
**Address:** 8549 FORT THOMAS WAY  
**City-St-Zip:** ORLANDO, FL

**Title:** VD  
**Name:** ATASSI, SALMAN A.  
**Address:** 8549 FORT THOMAS WAY  
**City-St-Zip:** ORLANDO, FL

**Title:** S  
**Name:** ATASSI, HANAH T  
**Address:** 8549 FORT THOMAS WAY  
**City-St-Zip:** ORLANDO, FL

**Title:** T  
**Name:** ATASSI, DENA J  
**Address:** 8549 FORT THOMAS WAY  
**City-St-Zip:** ORLANDO, FL

**Title:** D  
**Name:** ATASSI, MARY LOU  
**Address:** 8549 FORT THOMAS WAY  
**City-St-Zip:** ORLANDO, FL

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:** AMJAD A ATASSI

PC

03/13/2011

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

\_\_\_\_\_  
Date