

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032092

FILED
Feb 06, 2008
Secretary of State

Entity Name: ATIUQE FINANCIAL AND INSURANCE SERVICES, INC.

Current Principal Place of Business:

1961 NW 150TH AVE.
SUITE 202
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

3755 CAPITAL OF TX HWY SOUTH
#148
AUSTIN, TX 78704 US

New Mailing Address:

FEI Number: 65-0744099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOLFE, RICHARD G
Address: 11551 FOREST CENTRAL DR., SUITE 200
City-St-Zip: DALLAS, TX 75243

Title: D () Delete
Name: MYER, ROBERT L
Address: 3755 CAPITAL OF TX HWY SOUTH SUTE 148
City-St-Zip: AUSTIN, TX 78704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD G. WOLFE

PRES

02/06/2008

Electronic Signature of Signing Officer or Director

Date