## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10242

City-St-Zip:

DELRAY BEACH, FL 33483

Entity Name: ATLAS TELECOMMUNICATIONS, INC.

FILED Feb 26, 2009 Secretary of State

| Current P   | rincipal Place                                      | e of Business:   | New Principal Place                  | New Principal Place of Business:          |  |
|---|---|--|--------------------------------------|---|--|
| 4910 DYE<br>WEST PA                                 | R BLVD.<br>LM BEACH, F                              | L 33407  |                                      |   |  |
| Current IV  | lailing Addre                                       | ss:  | New Mailing Address                  | New Mailing Address:                      |  |
| 4910 DYE<br>WEST PA                                 | R BLVD.<br>LM BEACH, F                              | L 33407  | 711 NE 6 ST<br>BOCA RATON, FL 33     | 432                                       |  |
| FEI Number  | : 65-0263297  | FEI Number Applied For()   | FEI Number Not Applicable ( )        | Certificate of Status Desired ( )         |  |
| Name and  | d Address of (                                      | Current Registered Agent:  | Name and Address o                   | Name and Address of New Registered Agent: |  |
| 70 S.E. 4T<br>DELRAY E<br>The above<br>in the State | e of Florida.                                       | 3483 US  | e purpose of changing its registered | d office or registered agent, or both,    |  |
| SIGNATUI  |   | -i- 0:   |                                      | Dete                                      |  |
|   |   | nic Signature of Registered A  g Trust Fund Contribution ().  CTORS: |                                      | Date ES TO OFFICERS AND DIRECTORS:        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:         | P (<br>CHARNOUBI, S<br>711 N.E. 6TH S<br>BOCA RATON | STREET   | Name:<br>Address:<br>City-St-Zip:    | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:                                     | S (<br>HOLLIFIELD, I                                | *  | Title:<br>Name:<br>Address:          | () Change () Addition                     |  |

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: SAMI CHARNOUBI P 02/26/2009