


**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

02-13-2004 90005 039 \*\*\*150.00

**DOCUMENT # P02000135070**

1. Entity Name  
**ATZMON SOLUTIONS INC.**



Principal Place of Business C/O CG ACCOUNTING CORP. 4101 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE, FL 33312	Mailing Address C/O CG ACCOUNTING CORP. 4101 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE, FL 33312
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**54005812**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02112004    Chg-P    CR2E034 (10/03)

4. FEI Number <b>76-0720930</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	<b>7. Name and Address of New Registered Agent</b> Name: <b>Atzmon, Eran</b> Street Address (P.O. Box Number is Not Acceptable): <b>4101 Ravenswood Road, Suite 111</b> City: <b>Fort Lauderdale</b> FL    Zip Code: <b>33312</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Eran Atzmon*    **Eran Atzmon - President**    **2/11/04**  
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ATZMON, ERAN 4101 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SIEGLER, MOSHE 4101 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eran Atzmon*    **Eran Atzmon**    **2/11/04**    **954-327-4617**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #