


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90023 050 ***150.00

DOCUMENT # V34578
1. Entity Name
ATRIUM REGISTERED AGENTS, INC.



Principal Place of Business 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146
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24018301



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0360003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARE, LESLIE A.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEUWAHL, MALCOLM 1500 SAN REMO AVENUE, #125 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENBERG, MICHAEL 1500 SAN REMO AVENUE, #125 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GINSBURG, DENNIS 1500 SAN REMO AVENUE, #125 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAMEN, ROBERT A. 1500 SAN REMO AVENUE, #125 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SHARE, LESLIE A. 1500 SAN REMO AVENUE, #125 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINKELMAN, JACK D 1500 SAN REMO AVENUE, #125 CORAL GABLES, FL 33146

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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: Robert A. Stamen Date: 2/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (305) 665-3311

Attachment
211018301

Atrium Registered Agents, Inc.

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Officers and Directors:
Continuation

D

N. Allan Steinman

1500 San Remo Avenue, Suite 125

Coral Gables, FL 33146

VP

Mark R. Starkman

1500 San Remo Avenue, Suite 125

Coral Gables, FL 33146

VP

Jose L. Nunez

1500 San Remo Avenue, Suite 125

Coral Gables, FL 33146