


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90558 037 ***150.00

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



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

20035964



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0360003 Not Applicable

5. Certificate of Status Desired \$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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEUWAHL, MALCOLM	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENBERG, MICHAEL	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GINSBURG, DENNIS	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STAMEN, ROBERT A.	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SHARE, LESLIE A.	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINKELMAN, JACK D	
STREET ADDRESS	1500 SAN REMO AVENUE, #125	
CITY-ST-ZIP	CORAL GABLES, FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 **ROBERT A. STAMEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/13/05 Daytime Phone #: (305) 665-3877

* See next page

ATTACHMENT

Atrium Registered Agents, Inc.
Doc#V34578
Page 2

20035964
V34578

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

VP
Shawn Wolf
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

(addition)