

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90356 021 ***150.00

60029456



01052006 Chg-P CR2E034 (11/05)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
SHARE, LESLIE A. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEUWAHL, MALCOLM		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE, #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENBERG, MICHAEL		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE, #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GINSBURG, DENNIS		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE, #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAMEN, ROBERT A.		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE, #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARE, LESLIE A.		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE, #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINKELMAN, JACK D		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE, #125		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert A. Stamen, VP</u>			Date: <u>1/6/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

* Please see page 2

ATTACHMENT

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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

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