


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90191 003 \*\*\*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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**DUUJJ044**



01242008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0360003**

Applied For  
 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, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|--|--|---------------------------------|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>NEUWAHL, MALCOLM<br>1500 SAN REMO AVENUE, #125<br>CORAL GABLES, FL 33146    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ROSENBERG, MICHAEL<br>1500 SAN REMO AVENUE, #125<br>CORAL GABLES, FL 33146 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GINSBURG, DENNIS<br>1500 SAN REMO AVENUE, #125<br>CORAL GABLES, FL 33146   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>STAMEN, ROBERT A.<br>1500 SAN REMO AVENUE, #125<br>CORAL GABLES, FL 33146  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>SHARE, LESLIE A.<br>1500 SAN REMO AVENUE, #125<br>CORAL GABLES, FL 33146  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FINKELMAN, JACK D<br>1500 SAN REMO AVENUE, #125<br>CORAL GABLES, FL 33146  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: Robert A. Stinson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

\* SEE NEXT PAGE

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