

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34578

FILED
Apr 14, 2009
Secretary of State

Entity Name: ATRIUM REGISTERED AGENTS, INC.

Current Principal Place of Business:

1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0360003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEUWAHL, MALCOLM
Address: 1500 SAN REMO AVENUE, #125
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: ROSENBERG, MICHAEL
Address: 1500 SAN REMO AVENUE, #125
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: GINSBURG, DENNIS
Address: 1500 SAN REMO AVENUE, #125
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: STAMEN, ROBERT A.
Address: 1500 SAN REMO AVENUE, #125
City-St-Zip: CORAL GABLES, FL 33146

Title: VPS () Delete
Name: SHARE, LESLIE A.
Address: 1500 SAN REMO AVENUE, #125
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: FINKELMAN, JACK D
Address: 1500 SAN REMO AVENUE, #125
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM NEUWAHL

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date

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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

VP
Ralph Nardi
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

VP
Todd Rosenberg
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146