

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009980

**Entity Name:** ATOR GROUP, INC.**Current Principal Place of Business:**959 SE CENTRAL PARKWAY  
STUART, FL 34994**Current Mailing Address:**959 SE CENTRAL PARKWAY  
STUART, FL 34994 US**FEI Number:** 27-3855023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MADDEN, JOHN WESQ.  
900 SE OCEAN BOULEVARD  
SUITE 126-C  
STUART, FL 34994 US*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**Officer/Director Detail :**

Title	DIR.
Name	TOUGAS, PIERRE
Address	959 SE CENTRAL PARKWAY
City-State-Zip:	STUART FL 34994

Title	DIR.
Name	TOUGAS, MILINDA
Address	959 SE CENTRAL PARKWAY
City-State-Zip:	STUART FL 34994

Title	DIR.
Name	TOUGAS, JEAN PIERRE
Address	959 SE CENTRAL PARKWAY
City-State-Zip:	STUART FL 34994

Title	DIR.
Name	TOUGAS, LAURA
Address	959 SE CENTRAL PARKWAY
City-State-Zip:	STUART FL 34994

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PIERRE TOUGAS**MANAGING MEMBER****01/15/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date