## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 608177** 

WECHSLER, ÉRIC

4445 NW 28 WAY

BOCA RATON, FL 33434

Name: Address:

City-St-Zip:

Entity Name: ATLAS PARTY RENTAL, INC.

FILED Jan 22, 2008 Secretary of State

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Current Pi	rincipal Plac	e of Business:	New Principal Place of Business:	
131 COMM BOYNTON	IERCE RD BCH., FL 30	3426		
Current Mailing Address:			New Mailing Address:	
131 COMM BOYNTON	IERCE RD   BCH., FL 33	3426		
FEI Number:	59-1908236	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
7777 GLAE BOCA RAT The above	ATE CENTRE DES RD., STE FON, FL 334: named entity	34 US	purpose of changing its registered	d office or registered agent, or both,
in the State				
SIGNATUF		nic Cianatura of Dogistared As	- u t	Data
Election Can		nic Signature of Registered Ag  ng Trust Fund Contribution ( ).	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( HOROWITZ, S 8176 CASSIA BOYNTON BO	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SD ( HOROWITZ, E 8176 CASSIA BOYNTON BO	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	PD ( WECHSLER, 4445 NW 28 N BOCA RATON	VAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	VD (	) Delete	Title:	( ) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RANDEE WECHSLER PD 01/22/2008