2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 16, 2007 08:00 AM **DOCUMENT # 837670** Secretary of State ATALANTA CORPORATION Principal Place of Business Mailing Address ATALANTA CORP ATALANTA PLAZA ELIZABETH NJ 07206 ATALANTA CORP ATALANTA PLAZA ELIZABETH NJ 07206 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 13-5520722 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo VARELA, MARIO Street Address (P.O. Box Number is Not Acceptable) 9475 NW 13TH ST **MIAMI FL 33126** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or rogistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition DHE Change Delete DHE U00000641951 NAME GELERT, GEORGE G NAME 03/01/07-80019-024 150.00 ATALANTA PLAZA STREET ADDRESS SIREE I ADDRESS ELIZABETH NJ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition HERRERAS, BARBARA ATALANTA PLAZA STREET ADDRESS STREET ADDRESS ELIZABETH NJ CITY - ST - 712 CITY-ST-ZIP TITLE Delete HILE Change ☐ Addition GELLERT, ANDREW NAME NAME ATALANTA PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELIZABETH NJ 07206 CHY-SI-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE ME Change NAME NAME STRUET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP IIIIF Delete IIILE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos, I further cortify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted 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.

CITY-ST-71P

SIGNATURE:

CITY-ST-7IP

MURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

GEORGE GELLERT

AE OF SIGNING OFFICER OR DIRECTOR

CED MINNO

Daytime Phone ∉