2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000003608

1. Entity Name
ATLAS WEALTH HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131	200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
82-0556300

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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: JORGE KALB 1/23/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	KALB, DANIEL
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DP
NAME	WEISS, PAUL D
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DS
NAME	KALB, JORGE
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ALAZRAKI, CARLOS
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	AWASTHI, ANUPAM
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	CHEVALIER, SAMUEL
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600
CITY-ST-ZIP	MIAMI, FL 33131

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01/30/06-80065-024 158.75

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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: JORGE KALB 1/23/06 (305) 960-2152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #