


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90334 031 \*\*\*158.75


<b>DOCUMENT # F03000003608</b>	
1. Entity Name <b>ATLAS WEALTH HOLDINGS CORPORATION</b>	

Principal Place of Business <b>200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131</b>	Mailing Address <b>200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131</b>
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>SUITE 4400</b>		Suite, Apt. #, etc. <b>SUITE 4400</b>	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301</b>	
--	--

**40064110**

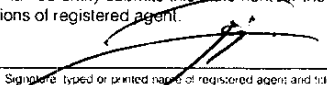


01092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>82-0556300</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.

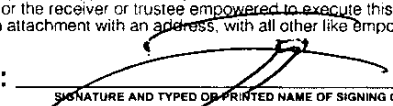
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4/11/07**

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KALB, DANIEL 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 4400</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISS, PAUL D 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 4400</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KALB, JORGE 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 4400</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAZRAKI, CARLOS 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 4400</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AWASTHI, ANUPAM 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 4400</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEVALIER, SAMUEL 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 4400</b>

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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **4/11/07** Daytime Phone # **305-960-9991**