

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90334 031 ***158.75

DOCUMENT # F03000003608					
1. Entity Name ATLAS WEALTH HOLDINGS CORPORATION					
Principal Place of Business 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131		Mailing Address 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>SUITE 4400</i>		Suite, Apt. #, etc. <i>SUITE 4400</i>			
City & State		City & State		01092007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 82-0556300	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 <i>[Signature]</i> DATE <i>4/11/07</i>					
<p>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALB, DANIEL		NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600		STREET ADDRESS	<i>SUITE 4400</i>	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, PAUL D		NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600		STREET ADDRESS	<i>SUITE 4400</i>	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALB, JORGE		NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600		STREET ADDRESS	<i>SUITE 4400</i>	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAZRAKI, CARLOS		NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600		STREET ADDRESS	<i>SUITE 4400</i>	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AWASTHI, ANUPAM		NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600		STREET ADDRESS	<i>SUITE 4400</i>	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVALIER, SAMUEL		NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2600		STREET ADDRESS	<i>SUITE 4400</i>	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
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: <i>[Signature]</i> DATE: <i>4/11/07</i> DAYTIME PHONE #: <i>305-960-9991</i>					

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