

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90017 047 ***158.75

DOCUMENT # F03000003608

1. Entity Name
ATLAS WEALTH HOLDINGS CORPORATION



Principal Place of Business
**200 SOUTH BISCAYNE BLVD., SUITE 4400
MIAMI, FL 33131**

Mailing Address
**200 SOUTH BISCAYNE BLVD., SUITE 4400
MIAMI, FL 33131**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0556300	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2008 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 4400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	DP
NAME	WEISS, PAUL D
STREET ADDRESS	200 SOUTH BISCAYNE BLVD STE 4400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	DS
NAME	KALB, JORGE
STREET ADDRESS	200 SOUTH BISCAYNE BLVD STE 4400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	ALAZRAKI, CARLOS
STREET ADDRESS	200 SOUTH BISCAYNE BLVD STE 4400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	AWASTHI, ANUPAM
STREET ADDRESS	200 SOUTH BISCAYNE BLVD STE 4400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	CHEVALIER, SAMUEL
STREET ADDRESS	200 SOUTH BISCAYNE BLVD STE 4400
CITY-ST-ZIP	MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #