

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003608

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ATLAS WEALTH HOLDINGS CORPORATION

## Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD., SUITE 4400  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

200 SOUTH BISCAYNE BLVD., SUITE 4400  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 82-0556300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete  
Name: KALB, DANIEL  
Address: 200 SOUTH BISCAYNE BLVD SUITE 4400  
City-St-Zip: MIAMI, FL 33131

Title: DP ( ) Delete  
Name: WEISS, PAUL D  
Address: 200 SOUTH BISCAYNE BLVD STE 4400  
City-St-Zip: MIAMI, FL 33131

Title: DS ( ) Delete  
Name: KALB, JORGE  
Address: 200 SOUTH BISCAYNE BLVD STE 4400  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: ALAZRAKI, CARLOS  
Address: 200 SOUTH BISCAYNE BLVD STE 4400  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: AWASTHI, ANUPAM  
Address: 200 SOUTH BISCAYNE BLVD STE 4400  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: CHEVALIER, SAMUEL  
Address: 200 SOUTH BISCAYNE BLVD STE 4400  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WEISS

DP

04/14/2009

Electronic Signature of Signing Officer or Director

Date