

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004929

FILED
Mar 04, 2009
Secretary of State

Entity Name: ATELIER 4, INC.

Current Principal Place of Business:

35-00 47TH AVE.
LONG ISLAND CITY, NY 111012434

New Principal Place of Business:

Current Mailing Address:

35-00 47TH AVE.
LONG ISLAND CITY, NY 111012434

New Mailing Address:

FEI Number: 11-3001825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR, ANDREW R ESQ.
HYMAN, SPECTOR & MARS, LLP, MUSEUM TOWER
150 W. FLAGLER ST.
MIAMI, FL 33130 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: PVC () Delete
Name: SCHWARTZ, JONATHAN
Address: 35-00 47TH AVE.
City-St-Zip: LONG ISLAND CITY, NY 111012434

Title: C () Delete
Name: SCHOENHEIMER, PIERRE
Address: 551 5TH AVE.
City-St-Zip: NEW YORK, NY 10176

Title: D () Delete
Name: PELEG, GIDALIA
Address: 551 5TH AVE.
City-St-Zip: NEW YORK, NY 101762434

Title: VSTD () Delete
Name: FAINTYCH, ANDREW
Address: 35-00 47TH AVE.
City-St-Zip: LONG ISLAND CITY, NY 111012434

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:

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: MICHAEL T. BUTLER

CFO

03/04/2009

Electronic Signature of Signing Officer or Director

Date