

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90030 009 ***150.00

DOCUMENT # F96723 1. Entity Name ATRIUM CAFE, INC.			
Principal Place of Business 1515 N FED HWY BOCA RATON, FL 33432		Mailing Address 1515 N FED HWY BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 1515 N FED HWY Suite, Apt., etc. 112		3. Mailing Address 1515 N FED HWY Suite, Apt., etc. 112	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33432	Country	Zip 33432	Country
4. FEI Number 59-2217859		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN SKALLI, CHARLES 1515 NORTH FEDERAL HWY, STE 112 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 PD	NAME COHEN-SKALLI, CHARLES	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 1287 S.W. 20TH ST.	CITY-ST-ZIP BOCA RATON, FL 334866640	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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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:		03/31/2008 - (561) 368-3443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	