

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032838

Entity Name: THE ATEAM LTD. CO.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

PLAZA TOWERS NORTH
1833 S. OCEAN DRIVE SUITE #907
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

PLAZA TOWERS NORTH
1833 S. OCEAN DRIVE SUITE #907
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 20-8290299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIZMAN, BENIAMIN
4923 LEEWARD LANE
DANIA BEACH, FL 33312 US

Name and Address of New Registered Agent:

AIZMAN, BENIAMIN
1833 S. OCEAN DRIVE #907
HALLANDALE, FL 33009 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AIZMAN, BENIAMIN
Address: 1833 S. OCEAN DRIVE SUITE #907
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AIZMAN, BENIAMIN
Address: 1833 S. OCEAN DRIVE #907
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR () Change (X) Addition
Name: KORNIENKO, ALEXANDRE
Address: 400 LESLIE DR. APT 723
City-St-Zip: HALLANDALE, FL 33009

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AIZMAN

MGMR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date