

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90014 019 ***158.75

DOCUMENT # P01000108334

1. Entity Name

ATRIUM GENERAL PARTNER, INC.



Principal Place of Business

**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401**

Mailing Address

**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-1153282

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAMER, HARRIS LLP
1555 PALM BEACH LAKES BLV D
STE 330
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Harris Cramer LLP
Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Boulevard
Suite 310
City
West Palm Beach FL Zip Code
33401

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.

**Harris Cramer LLP by Daryl Cramer & Associates, P.A.,
Partner, by Daryl B. Cramer, President 3/6/06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
LUCCHESI, FABRIZIO
105 WEST BEAVER CREEK #9 & 10
RICHMOND HILL, ONTARIO, CA 14b1c6** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
MYERS, WILLIAM P
105 WEST BEAVER CREEK #9 & 10
RICHMOND HILL, ONTARIO, CA 14b1c6** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Fabrizio Lucchesi

Date

Feb 22/06

Daytime Phone # **905-882-1212**