FILED
May 17, 2004 8:00 am
Secretary of State

04-27-2004 90066 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016015

1. Entity Name
ATLAS U.S INC.

Principal Place of Business	Mailing Address
16921 NE 6 AVE. NORTH MIAMI BEACH, FL 33162	16921 NE 6 AVE. NORTH MIAMI BEACH, FL 33162

66421962

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1800 SUNSET HARBOUR DRIVE	1800 SUNSET HARBOUR DRIVE
Suite, Apt. #, etc. 1202	Suite, Apt. #, etc. 1202.
City & State MIAMI BEACH, FL	City & State MIAMI BEACH FL
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number 30-0145006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~AVNERY, SAMI~~
~~16921 NE 6 AVE.~~
~~NORTH MIAMI BEACH, FL 33162~~
JEROME POLANY

7. Name and Address of New Registered Agent

Name JEROME POLANY
Street Address (P.O. Box Number is Not Acceptable)
1800 SUNSET HARBOUR DRIVE #1202.
City MIAMI BEACH FL Zip Code 33139

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 J. Polany 4/23/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLANY, ~~YOPAM~~ JEROME 16921 NE 6 AVE. NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. Polany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #