

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/4/2004-90170-047-\$150.00-\$150.00

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DOCUMENT # P03000154993

1. Entity Name
ATRIUM CONSTRUCTION GROUP CORP.



FILED

04 JUL 14 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15249 SW 109 ST
MIAMI, FL 33196

Mailing Address
15249 SW 109 ST
MIAMI, FL 33196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0522973

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECERRA, BLAS
15249 SW 109 ST
MIAMI, FL 33196

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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	P	<input type="checkbox"/> Delete
NAME	BECERRA, BLAS	
STREET ADDRESS	15249 SW 109 ST	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

BLAS BECERRA

04/28/04

786 255 0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



page 2

3785 NW 82 Avenue • Suite 417 • Miami, FL 33166
Tel: 305.477.1988 • Fax: 305.477.1688

LESTER BARRERAS C.P.A., P.A.

July 14, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Atrium Construction Group Corp.
P03000154993

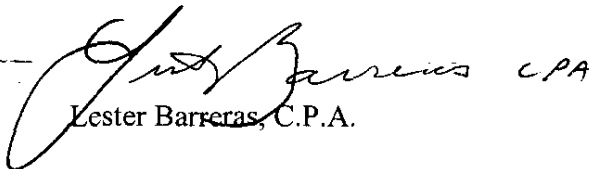
Dear Sir or Madam,

We are the accountants for the above referenced taxpayer and have been requested to respond to your notice dated May 19, 2004, a copy of which is enclosed.

Please note that our client's FEI Number is **20-0522973**. Should you need additional information, please feel free to contact me at your earliest convenience.

Sincerely,

LESTER BARRERAS, C.P.A., P.A.


Lester Barreras, C.P.A.

LB/cmc