2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/1

FILED
Sep 08, 2006 8:00 am
Secretary of State

08-16-2006 90003 019 ***150.00

DOCUMENT # P04000066850

1. Entity Name
ATRIUM1109 INC.

Principal Place of Business
794 HAWTHORN TERR.
WESTON FL 33327

Mailing Address
794 HAWTHORN TERR.
WESTON FL 33327

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

2nd MOORE CR2E034 (4/06)

4. FEI Number AP-PLIED FOR — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RUBINSZTAIN, JOE
794 HAWTHORN TERR.
WESTON FL 33327

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 _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUBINSZTAIN, JOSEPH
STREET ADDRESS	794 HAWTHORN TERR.
CITY-ST-ZIP	WESTON FL 33327
TITLE	VD
NAME	RUBINSZTAIN, SAMUEL
STREET ADDRESS	794 HAWTHORN TERR.
CITY-ST-ZIP	WESTON FL 33327
TITLE	S
NAME	RAIS, ANNE
STREET ADDRESS	794 HAWTHORN TERR.
CITY-ST-ZIP	WESTON FL 33327
TITLE	T
NAME	GABOR, GABRIELLA
STREET ADDRESS	794 HAWTHORN TERR.
CITY-ST-ZIP	WESTON FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

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: _____ 8/8/06 (954)659-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66023906

#P04888866855

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1845-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Atrium 1109 Inc.

65-1251539

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

BW 5-25-05

4a Mailing address (room, apt., suite no. and street, or P.O. box)
794 Hawthorn Terrace

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Weston, Florida 33327

5b City, state, and ZIP code

6 County and state where principal business is located
Broward, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Jose Rubinsztain

7b SSN, ITIN, or EIN 609-88-4972 TED

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State Florida; Foreign country

9 Reason for applying (check only one box)

- ☑ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
04/22/2004

11 Closing month of accounting year
April

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶

Agricultural	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail
- ☑ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Real estate

16a Has the applicant ever applied for an employer identification number for this or any other business? ☑ Yes ☐ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ GMED.Inc. Trade name ▶ same

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
08/18/1997	Delaware	33 1 0768081

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Jose Rubinsztain, President

Applicant's telephone number (include area code) (954) 6899993

Signature ▶ Date ▶ 05/25/05

Applicant's fax number (include area code) (954) 6599326

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N Form SS-4 (Rev. 12-2001)