


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4 **FILED**
Jun 06, 2005 8:00 am
Secretary of State

05-04-2005 90185 013 ***150.00

DOCUMENT # V17747
 1. Entity Name
ATRIUM ENTERPRISES, INC.



Principal Place of Business Mailing Address
 17101 NE 19 AVE 17101 NE 19 AVE
 SUITE 204 SUITE 204
 N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162

2. Principal Place of Business 3. Mailing Address
17000 N BAY ROAD 17000 N BAY ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
601 #601

City & State City & State
SUNNY ISLES BEACH FL SUNNY ISLES BEACH FL
 Zip Country Zip Country
33160 USA 33160 USA

66021439



04082005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0317599 Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIDOVIC, ROBERT
 17101 NE 19 AVE
 SUITE 204
 N MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent
 Name **DAVIDOVIC, ROBERT**
 Street Address (P.O. Box Number is Not Acceptable)
17000 N. BAY ROAD #601
 City **SUNNY ISLES BEACH FL** Zip Code **33160**

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 **ROBERT DAVIDOVIC** DATE

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDOVIC, ROBERT	
STREET ADDRESS	17101 NE 19 AVE	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTH, A	
STREET ADDRESS	OESTERSTR. 104	
CITY-ST-ZIP	44309 DORTMUND, GE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17000 N BAY ROAD #601
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **ROBERT DAVIDOVIC** (786) 246-6669