

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000004701

**Entity Name:** ATELIER 4, INC.**Current Principal Place of Business:**1960 CROSS BEAM DRIVE  
CHARLOTTE, NC 28217**Current Mailing Address:**1960 CROSS BEAM DRIVE  
CHARLOTTE, NC 28217 US**FEI Number:** 11-3001825**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMPSON, MICHAEL  
2170 NW 87 AVENUE  
MIAMI, FL 33172 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VC, D, P, CEO
Name	SCHWARTZ, JONATHAN
Address	35-00 47TH AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	D, VP, S, T
Name	FAINTYCH, ANDREW
Address	35-00 47TH AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	COMPTROLLER
Name	COGHLAN, JAMES
Address	35-00 47TH AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	D
Name	SCHOENHEIMER, LINDA
Address	35-00 47TH AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	D
Name	PELEG, GIDALIA
Address	35-00 47TH AVENUE
City-State-Zip:	LONG ISLAND CITY NY 11101

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** COGHLAN, JAMES**CONTROLLER****04/20/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date