

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90009 012 \*\*\*\*70.00

**DOCUMENT # N94000002857**



1. Entity Name  
**COUNT ELKAIM FOUNDATION INC.**

Principal Place of Business  
**9601 COLLINS AVE  
 SUITE 510  
 BAL HARBOUR, FL 33154-2211 US**

Mailing Address  
**9601 COLLINS AVE  
 SUITE 510  
 BAL HARBOUR, FL 33154-2211 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0494806**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**COUNT DE SG ELKIAN, MARC  
 9601 COLLINS AVE  
 SUITE 510  
 BAL HARBOUR, FL 33154-2211**

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	COUNT DE SG ELKIAN, MARC	
STREET ADDRESS	9601 COLLINS AVE SUITE 510	
CITY-ST-ZIP	BAL HARBOUR, FL 331542211	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUNTESS ELKAIM, ERNA	
STREET ADDRESS	9601 COLLINS AVE SUITE 510	
CITY-ST-ZIP	BAL HARBOUR, FL 331542211	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKAIM, ESTER D S.G.	
STREET ADDRESS	9601 COLLINS AVENUE STE 510	
CITY-ST-ZIP	MIAMI, FL 33154	
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 10		
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		
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)(l), 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 617, 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:** COUNT DE S.G. ELKAIM (PRESIDENT) **01-12-2004** **305 8615 216**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #