

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

**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**



01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0494806</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COUNT DE S.G. ELKAIM, MARC**  
**9601 COLLINS AVE**  
**SUITE 510**  
**BAL HARBOUR, FL 33154-2211**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNT DE S.G. ELKAIM, MARC 9601 COLLINS AVE SUITE 510 BAL HARBOUR, FL 331542211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNTESS ELKAIM, ERNA 9601 COLLINS AVE SUITE 510 BAL HARBOUR, FL 331542211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKAIM, ESTHER D S.G. 9601 COLLINS AVENUE STE 510 MIAMI, FL 33154
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 03/23/07-80009-004 61.25

**DO NOT WRITE IN THIS SPACE**

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 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)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-2007  
 Date

305 861 5216  
 Daytime Phone #