

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000002857 1. Entity Name COUNT ELKAIM FOUNDATION INC.	
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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
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01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0494806	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** 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 _____ 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, 2008


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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000804860
 02/05/08-80086-011 61.25

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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)** 01-23-2008 **305 961 5216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #