2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State
03-22-2005 90016 012 ***150.00

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1. Entity Name
COUNT ELKAIM CAPITAL MANAGEMENT CORP.

20023939

Principal Place of Business	Mailing Address
9601 COLLINS AVENUE SUITE 510 BAL HARBOUR, FL 33154-2211	9601 COLLINS AVENUE SUITE 510 BAL HARBOUR, FL 33154-2211

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0977831
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE S.G. ELKAIM, COUNT 9601 COLLINS AVE SUITE 510 BAL HARBOUR, FL 33154-2211	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE S.G. ELKAIM, COUNT 9601 COLLINS AVENUE SUITE 510 BAL HARBOUR, FL 331542211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: COUNT de S.G. ELKAIM (President) 03-15-2005 800.734.81.72
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #