2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000010889

1. Entity Name

COUNT ELKAIM CAPITAL MANAGEMENT CORP.



FILED Jan 29, 2008 08:00 A Secretary of State

Principal Place of Business

9601 COLLINS AVENUE

SUITE 510

BAL HARBOUR, FL 33154-2211

Mailing Address

9601 COLLINS AVENUE

SUITE 510

BAL HARBOUR, FL 33154-2211



01162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0977831 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

800 734 81 72

Daytime Phone #

01-13-2068

6. Name and Address of Current Registered Agent

SIGNATURE: COUNT OC 3. V. LEGISLE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

COUNT de S. G. ELKA'M (PREGIDENT)

DE S.G. ELKAIM, COUNT 9601 COLLINS AVE SUITE 510

BAL HARBOUR, FL 33154-2211

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The Colligations of Tegistered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Regi	istered Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE S.G. ELKAIM, COUNT 9601 COLLINS AVENUE SUITE 510 BAL HARBOUR, FL 331542211				U00000804303 02/05/08-80065-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 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.					

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