


FILED
Apr 13, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000054540	
1. Entity Name 1166 KANE CONCOURSE, INC.	

Principal Place of Business 1166 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	Mailing Address 3939 NW 25TH STREET MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0685128	(Applied For) Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZAIAC, MANUEL
100 S.E. SECOND STREET
SUITE #2350
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEPACH, BERNARD 1166 KANE CONCOURSE, 3RD FL BAY HARBOUR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEPACH, ESTHER 1166 KANE CONCOURSE, 3RD FL BAY HARBOUR ISLANDS, FL 33154
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04/13/05-80079-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #