

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90251 022 ***150.00


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04182006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0685128 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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



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| Principal Place of Business 1166 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154 | Mailing Address 3939 NW 25TH STREET MIAMI, FL 33142 |
|--|---|

6. Name and Address of Current Registered Agent

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLEPACH, BERNARD 1166 KANE CONCOURSE, 3RD FL 555 UE 185st BAY HARBOUR ISLANDS, FL 33154 Miami FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLEPACH, ESTHER 1166 KANE CONCOURSE, 3RD FL BAY HARBOUR ISLANDS, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will or other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #