


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # 755786</b>  |  |  |
| 1. Entity Name<br>KANE CONCOURSE EXECUTIVE BUILDING<br>CONDOMINIUM ASSOCIATION, INC.            |  |   |
| Principal Place of Business<br>1140 KANE CONCOURSE 5TH FLOOR<br>BAY HARBOR ISLANDS, FL 33154 US | Mailing Address<br>1140 KANE CONCOURSE<br>FIFTH FLOOR<br>BAY HARBOR ISLANDS, FL 33154 US |   |



01032008 No Chg-NP CR2E037 (4/06)

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|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-2242333  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

BARASH, A. JEFFREY  
1140 KANE CONCOURSE  
4TH FLOOR  
BAY HARBOR ISLANDS, FL 33154

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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 \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JOSE GILIBERT<br>1140 KANE CONCOURSE- 3RD FLOOR<br>BAY HARBOR ISL, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BARASH, A. JEFFREY<br>1140 KANE CONCOURSE - 4TH FLOOR<br>BAY HARBOR ISLANDS, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GOLDFARB, IGHAL<br>1140 KANE CONCOURSE 4TH FL<br>MIAMI BEACH, FL 33154          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/09/08-80030-007-61.25

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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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

✓ 1-4-08 305 265 6266  
Date Daytime Phone #