2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000010889

COUNT ELKAIM CAPITAL MANAGEMENT CORP.



FILED Mar 13, 2007 08:00 AM **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



DO NOT WRITE IN THIS SPACE

01072007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0977831 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DE S.G. ELKAIM, COUNT 9601 COLLINS AVE

DO NOT WRITE

BAL HARBOUR, FL 33154-2211			IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d affice or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	Manufachia (NOTE, Designand	A a and a language	required when reinstating)	DATE	l
	September typed or printed faithe of registered signs and time	i application. (NOTE: Neglistore)	Agen agrator	(Jedonen witer (en staning)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finand Trust Fund Contribution. 	cing	\$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				U00000004000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000664866 03/23/07-80001-002 150.0	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE						ĺ

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, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: COUNT de 3.6. ESTANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COUNT de S.G. ELKA'IN (PRESIDENT)

03-07-2007

800 734 8172