

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90079 010 \*\*\*150.00

**DOCUMENT # P96000054540**

1. Entity Name

1166 KANE CONCOURSE, INC.



Principal Place of Business

1166 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154

Mailing Address

~~2939 NW 35TH STREET~~ 555 NE 185 Street  
~~MIAMI, FL 33142~~ Suite 201  
~~XXXXXXX~~ Miami, FL. 33179



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0685128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLEPACH, BERNARD
STREET ADDRESS	555 NE 185 Street
CITY-ST-ZIP	MIAMI, FL <del>33135</del> 33179
TITLE	D
NAME	KLEPACH, ESTHER
STREET ADDRESS	<del>1166 KANE CONCOURSE, 3RD FL</del> 9601 Collins Avenue
CITY-ST-ZIP	<del>BAY HARBOR ISLANDS, FL 33134</del> Suite 710
TITLE	
NAME	
STREET ADDRESS	Bal Harbour, FL. 33154
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 any other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/07