

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000042707  
 1. Entity Name  
 KUR/BEH INVESTMENTS, INC.



Principal Place of Business: C/O SAUL SILBER PROPERTIES, 901 NW 8 AVE, STE. B6, GAINESVILLE, FL 32608  
 Mailing Address: C/O SAUL SILBER PROPERTIES, 3700 SW 35TH PLACE, GAINESVILLE, FL 32608



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

01212005 Chg-P CR2E034 (10/03)

4. FEI Number: 75-3050571 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KURKIN, RUTH  
 1420 CLEVELAND RD  
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number Is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                      | P <input type="checkbox"/> Delete        |
| NAME                       | KURKIN, RUTH                             |
| STREET ADDRESS             | C/O SAUL SILBER PROPERTIES, 901 NW 8 AVE |
| CITY-ST-ZIP                | GAINESVILLE, FL 32601                    |
| TITLE                      | V <input type="checkbox"/> Delete        |
| NAME                       | BEHMOIRAS, FANNY                         |
| STREET ADDRESS             | C/O SAUL SILBER PROPERTIES, 901 NW 8 AVE |
| CITY-ST-ZIP                | GAINESVILLE, FL 32608                    |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

U00000213114  
 02/03/05-80057-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ruth Kurkin DATE: 2/1/05 DAY/TIME PHONE #: 305-8645953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR