


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90084 012 \*\*\*158.75


**DOCUMENT # P03000046827**  
 1. Entity Name  
 BH INVESTMENTS OF NORTH FLORIDA, INC.



Principal Place of Business      Mailing Address  
 760 COOPER FARM WAY      760 COOPER FARM WAY  
 DULUTH, GA 30097      DULUTH, GA 30097

2. Principal Place of Business      3. Mailing Address  
 10970 E. COUNTY HWY 30A  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 INLET BEACH, FLORIDA  
 Zip      Country      Zip      Country  
 32413      USA



03012004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
 06-1692482      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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, 2004 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	<input checked="" type="checkbox"/> Delete
NAME	KHERAJ, BADRUDDIN	
STREET ADDRESS	760 COOPER FARM WAY	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KARIMI, HABIBULLAH	
STREET ADDRESS	3402 LAKERIDGE LANE	
CITY-ST-ZIP	DUNWOODY, GA 30338	
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHERAJ, BADRUDDIN	
STREET ADDRESS	760 COOPER FARM WAY	
CITY-ST-ZIP	DULUTH, GA. 30097	
TITLE	DN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARIMI, HABIBULLAH	
STREET ADDRESS	2501 LAWRENCEVILLE HWY APT #6	
CITY-ST-ZIP	DECATUR GA. 30033	
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		

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: BADRUDDIN KHERAJ      Date: 3-10-04      Daytime Phone #: 678-687-4132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      PRESIDENT