


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 331339 1. Entity Name BHR INVESTMENTS, INC. |  |
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|---|---|
| Principal Place of Business 18 PINE TREE DR GREAT NECK, NY 11024 US | Mailing Address 18 PINE TREE DR GREAT NECK, NY 11024 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 59-1212243 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WYNN, CANDY
8818 FROUDE AVE
SURFSIDE, FL 33154

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SCHULMAN, ROBERT 18 PINE TREE DR GREAT NECK, NY |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ROSS, BARBARA C/O WYNN, 1818 FROUDE AVE SURFSIDE, FL 33154 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V WYNN, CANDY 8818 FROUDE AVE SURFSIDE, FL 33154 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/10/04-80066-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Schulman VICE PRESIDENT 2/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #