2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# 356740

Entity Name: BKH HOLDING CORP

Current Principal Place of Business:

2600 DOUGLAS RD PH1
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS ROAD PHI
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1278268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HIRSCHHORN, JOEL
2600 DOUGLAS ROAD PHI
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: HIRSCHHORN, EVELYN F.
Address: 2600 DOUGLAS ROAD PHI
City-St-Zip: CORAL GABLES, FL

Title: PD ( ) Delete
Name: HIRSCHHORN, JOEL,
Address: 2600 DOUGLAS ROAD, PH1
City-St-Zip: CORAL GABLES, FL

Title: V ( ) Delete
Name: HIRSCHHORN, DOUGLAS K
Address: 46 SDNENCK AVE.
City-St-Zip: GREAT NECK, NY 11021

Title: VP ( ) Delete
Name: HIRSCHHORN, BENNETT
Address: 2269 CHESTNUT STREET #634
City-St-Zip: SAN FRANCISCO, CA 94123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: HIRSCHHORN, EVELYN F.
Address: 2600 DOUGLAS ROAD PHI
City-St-Zip: CORAL GABLES, FL 33134

Title: PD (X) Change ( ) Addition
Name: HIRSCHHORN, JOEL
Address: 2600 DOUGLAS ROAD, PH1
City-St-Zip: CORAL GABLES, FL 33134

Title: V (X) Change ( ) Addition
Name: HIRSCHHORN, DOUGLAS K
Address: 46 SCHENCK AVE.
City-St-Zip: GREAT NECK, NY 11021

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL HIRSCHHORN PD 03/16/2004

Electronic Signature of Signing Officer or Director — Date