## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 356740** 

Title:

Name:

Address:

City-St-Zip:

FILED Jan 13, 2005 Secretary of State

Entity Nam	ie: BKH HOLDIN	IG CORP				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	GLAS RD PH1 BLES, FL 33134					
Current Mailing Address:			New Maili	New Mailing Address:		
	GLAS ROAD PHI BLES, FL 33134	US				
FEI Number:	59-1278268 F	El Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	DRN, JOEL BLAS ROAD PHI BLES, FL 33134	US				
The above in the State		mits this statement for the pu	urpose of changing it	s registered office or registered agent, or both,		
SIGNATUR						
Election Cam		ignature of Registered Agel  st Fund Contribution ( ).	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ST () Dele HIRSCHHORN, EVE 2600 DOUGLAS RO CORAL GABLES, F	LYN F. AD PHI	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	PD () Dele HIRSCHHORN, JOE 2600 DOUGLAS RO CORAL GABLES, F	L AD, PH1	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	V () Dele HIRSCHHORN, DOU 46 SCHENCK AVE. GREAT NECK, NY	JGLAS K	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition HIRSCHHORN, DOUGLAS K 185 SCHENCK AVE. GREAT NECK, NY 11021		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOEL HIRSCHHORN **PRES** 01/13/2005

(X) Delete

2269 CHESTNUT STREET #634

SAN FRANCISCO, CA 94123

HIRSCHHORN, BENNETT

() Change () Addition