

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90041 027 ***150.00

DOCUMENT # P02000133843

1. Entity Name
BHK EQUITY ADVISORS, INC.



Principal Place of Business
1500 W SYPPRESS CREEK RD., STE 409
FORT LAUDERDALE, FL 33309

Mailing Address
1500 W SYPPRESS CREEK RD., STE 409
FORT LAUDERDALE, FL 33309

40037074



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1171047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRENNER, SCOTT
1500 W SYPPRESS CREEK RD., STE 409
FORT LAUDERDALE, FL 33309

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME BRENNER, SCOTT
STREET ADDRESS 1500 W SYPPRESS CREEK RD., STE 409
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE EVPD
NAME KODELMAN, MARC
STREET ADDRESS ~~1500 W SYPPRESS CREEK RD STE 409~~
CITY-ST-ZIP ~~FORT LAUDERDALE, FL 33309~~

TITLE ~~SD~~
NAME HOROWITZ, BRIAN
STREET ADDRESS ~~1500 W SYPPRESS CREEK RD STE 409~~
CITY-ST-ZIP ~~FORT LAUDERDALE, FL 33309~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/05