## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 13, 2005 08:00 AM Secretary of State DOCUMENT # P03000029922 BHH RENTALS PROPERTIES INC. Principal Place of Business \_ Mailing Address 4745 S. ATLANTIC AVE. 4745 S. ATLANTIC AVE. PONCE INLET, FL 32127 PONCE INLET, FL 32127 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0606207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LASRIS, HARRY DO NOT WRITE 4745 S. ATLANTIC AVE IN THIS SPACE PONCE INLET, FL 32127 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LASRIS, HARRY NAME 4745 S. ATLANTIC AVE, UNIT 301 STREET ADDRESS CITY-ST-ZIP PONCE INLET, FL 32127 U00000179378 01/13/05-80015-019 150.00 HARTSTEIN, HENRY NAME STREET ADDRESS 145 MARGATE MEWS CITY-ST-ZIP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OFF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #