2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # P03000046827** 1. Entity Name 03-22-2004 90084 012 ***158.75 BH INVESTMENTS OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 760 COOPER FARM WAY 760 COOPER FARM WAY **DULUTH, GA 30097 DULUTH, GA 30097** 2. Principal Place of Business 3. Mailing Address 10970 E. COUNTY HUNY 30A Suite, Apt. #, etc. 03012004 CR2E034 (10/03) Cha-P City & State 4. FEI Number Applied For 06-1692482 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☑ Delete ■ Addition KHERAJ, BADRUDAIN 760 COOPER FARM DULUTH, GA. 3009. KHERAJ, BADRUDDIN NAME MAME STREET ADDRESS 760 COOPER FARM WAY STREET ADDRESS WAY CITY-ST-ZIP **DULUTH, GA 30097** CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition KARIMI, HABIBULLAH NAME NAME KARIMI, HABIBULLAH STREET ADDRESS 3402 LAKERIDGE LANE STREET ADDRESS 2501 LAWRENCEVILLE HWY APT DECATUR GA. 30033 CITY-ST-ZIP DUNWOODY, GA 30338 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME ETERAL THE THEORY IN THE W NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIN F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or frustee 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 adpress, with all given type empowered. BADRUDDIN KHERA J 3-10-04 678-687-4/32 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I

FILED