

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90074 045 ***150.00

DOCUMENT # P03000110814					
1. Entity Name BHM & ASSOCIATES, INC.					
Principal Place of Business 7344 WEST ATLANTIC BLVD. #33 MARGATE, FL 33063			Mailing Address 15385 MONROE ROAD DELRAY BEACH, FL 33484		
2. Principal Place of Business 3720D COCONUT CREEK PKWY Suite, Apt. #, etc. D		3. Mailing Address 3720D COCONUT CREEK PKWY Suite, Apt. #, etc. D			
City & State COCONUT CREEK Zip 33066 Country USA		City & State COCONUT CREEK Zip 33066 Country USA		4. FEI Number 20-0291314	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BERTOLINI, MICHELLE S 15385 MONROE ROAD DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name Michelle S. Bertolini Street Address (P.O. Box Number is Not Acceptable) 3720D COCONUT CREEK PKWY City COCONUT CREEK FL Zip Code 33066		
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 DATE 3/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BERTOLINI, MICHELLE S STREET ADDRESS 15385 MONROE ROAD CITY-ST-ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP NAME HERMANSEN, DIANA STREET ADDRESS 7344 WEST ATLANTIC BLVD. #33 CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3720D COCONUT CREEK PKWY STREET ADDRESS COCONUT CREEK, FL 33066 CITY-ST-ZIP		
TITLE VP NAME MEYER, REHANNA STREET ADDRESS 7344 WEST ATLANTIC BLVD. #33 CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3720D COCONUT CREEK PKWY STREET ADDRESS COCONUT CREEK, FL 33066 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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:		DIANA HERMANSEN		3/16/05 954-978-1356	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	