2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # P04000128937 1. Entity Name 04-19-2007 90212 014 ***150.00 BHC PROPERTIES INC. Principal Place of Business Mailing Address 1177 SW 23 AVE 1177 SW 23 AVE **MIAMI FL 33135 MIAMI FL 33135** Principal Place of Business - No P.O. Box # Mailing Addres Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-1613555 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENAVENTE, JUAN M JR 2087 SW 138TH CT. P.O. Box Number is Not Acceptable) MIAMI FL 33175 , s^{1, 12} 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. the obligations of registered agent. SIGNATURE Signature, typed or printed indire of registered agent and little in approable NOTE Registered Agent signature real red when reinstating, FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1600 ☐ Delete 1000 ☐ Addition BENAVENTE, JUAN M JR NAMI NAME 2087 SW 138TH CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY ST-ZIP CHY ST ZIP ☐ Delete THE Addition BENAVENTE, ELIZABETH NAME 2087 SW 138TH CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CHY SI-ZIP CHY St ZIP 1911 Dololo 200 Chairge 🗆 Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP HR ☐ Delete HITE ☐ Change ☐ Addition NAM NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SEZIP 100 ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CITY ST ZIP TITLE ☐ Delete THUE Change ■ Addition NAME NAMI STRUET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SE ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal 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:

FILED