2007 FOR PROFIT CORPORATION

Apr 12, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P93000014339 1. Entity Name B.C.H. ASSOCIATES, INC. Principal Place of Business Mailing Address 501 E PALMETTO PK RD 501 E PALMETTO PK RD BOCA RATON, FL 33432 BOCA RATON, FL 33432 US 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0390702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALAGA, MELISSA H DO NOT WRITE 501 E PALMETTO PK RD IN THIS SPACE BOCA RATON, FL 33432 ali artis filosopia ete ku kilonida ida ura aparaga filonggapia dipa. 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, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS and the companies of the companies of the control o STD TITLE er den dem ette sige i den sige den egipte egipte ette den den den sige egipte ette sige egipte den sige ette s NAME HADDAD, CALVIN antina dia kandan dia mandi. Mangandan dia kandan dia terdapatan dia terdapatan dia terdapatan dia terdapatan STREET ADDRESS 400 SE 5TH AVE, # 604 atina kendulah mengalah dan berahan beraha dan beraha Salah menjada dan 1991 Sal CITY - ST- 7IP BOCA RATON, FL 33432 TITLE NAME HADDAD, BABETTE L STREET ADDRESS 400 SE 5TH AVE, # 604 CITY-ST-ZIP BOCA RATON, FL 33432 ta tanàna dia 400 menandra dia 400 menjadi any kaominina dia 400 menjadi dia 400 menjadi dia 400 menjadi dia 4 TITLE NAME MALAGA, MELISSA H DO NOT WRITE STREET ADDRESS 1250 SPANISH RIVER RD CITY-ST-ZP BOCA RATON, FL 33432 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE a daga di kalancari kancari daga daga da kalancari kancari kancari kancari kancari kancari kancari kancari kan NAME STREET ADDRESS t till av der til til skalt skal CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered 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 addr

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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Date

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