


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90984 004 ***150.00

DOCUMENT # P96000068869	
1. Entity Name BHD ARTWORKS, CORP.	

Principal Place of Business 728 1/2 N. STREET WEST PALM BEACH FL 33401	Mailing Address P.O. BOX 549 PALM BEACH FL 33480-0549 US
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2. Principal Place of Business 5345 Toscana Trail	3. Mailing Address 5345 Toscana Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boynton Beach, FL. 33437	City & State Boynton Beach, FL.
Zip 33437	Country Palm Beach
Zip 33437	Country Palm Beach



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent BERNHARD, MANFRED 726 N STREET WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Warren K. Rosen Street Address (P.O. Box Number is Not Acceptable) 5345 Toscana Trail City Boynton Beach FL Zip Code 33437	
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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 **Warren K. Rosen** DATE **April 13, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERNARD, MANFRED 728 1/2 N. STREET WEST PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter Bernhard 435 Flax Hill Rd. Norwalk, CT. 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BERNHARD, RUTH 2982 CLAY ST SAN FRANCISCO CA 94115	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERNHARD, KARL RT 1 CHASEROAD BOX 552 AFTON NY 13730-9773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer, Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BERNHARD, E. ALEXANDER 2 BECKETS PLACE LOWER TREDDINGTON ROAD SURREY KT1 4EQ ENGLAND	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Woody Bernhard 1196 Lower Dover Road Brattleboro, VT. 05301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter Bernhard, Secretary & Director

561-732-0001
Apr. 13, 2004

Date Daytime Phone #