

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000014339

**Entity Name:** B.C.H. ASSOCIATES, INC.**Current Principal Place of Business:**501 E PALMETTO PK RD  
BOCA RATON, FL 33432**Current Mailing Address:**55 NE FIFTH AVE, SUITE 401  
BOCA RATON, FL 33432**FEI Number:** 65-0390702**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MALAGA, MELISSA H  
55 NE FIFTH AVE. SUITE 401  
BOCA RATON, FL 33432 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | STD                   |
| Name            | HADDAD, CALVIN        |
| Address         | 400 SE 5TH AVE, # 604 |
| City-State-Zip: | BOCA RATON FL 33432   |

|                 |                       |
|-----------------|-----------------------|
| Title           | DP                    |
| Name            | HADDAD, BABETTE L     |
| Address         | 400 SE 5TH AVE, # 604 |
| City-State-Zip: | BOCA RATON FL 33432   |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | MALAGA, MELISSA H     |
| Address         | 1250 SPANISH RIVER RD |
| City-State-Zip: | BOCA RATON FL 33432   |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CALVIN HADDAD

STD

01/21/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date