


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90031 007 ***150.00

DOCUMENT # P01000002880	
1. Entity Name BLACKWELL PLACE INVESTMENTS, INC.	

Principal Place of Business 5870 NE 22ND AVE FORT LAUDERDALE FL 33308	Mailing Address 5870 NE 22ND AVE FORT LAUDERDALE FL 33308
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2. Principal Place of Business 5870 NE 22nd Ave.	3. Mailing Address 5870 NE 22nd Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State Fort Lauderdale, FL	City & State Fort Lauderdale FL
Zip 33309	Zip 33309
Country Broward	Country Broward

4. FEI Number 65-1067821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVIN, NORMAN A 5870 NE 22ND AVENUE FORT LAUDERDALE FL 33308	7. Name and Address of New Registered Agent Name: Sarah N. Smith Street Address (P.O. Box Number is Not Acceptable): 5870 NE 22nd Ave. Fort Lauderdale City: Fort Lauderdale FL Zip Code: 33308
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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 Signature, typed or printed name of registered agent and title if applicable. Sarah N. Smith President	DATE 1-28-04

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME LEVIN, NORMAN A	TITLE President	NAME Sarah N. Smith
STREET ADDRESS 2485 E. SUNRISE BLVD., #206	CITY-ST-ZIP FORT LAUDERDALE FL 33304	STREET ADDRESS 5870 NE 22nd Ave.	CITY-ST-ZIP Fort Lauderdale, FL 33309
TITLE VP	NAME SMITH, SARAH N	TITLE	NAME
STREET ADDRESS 5870 NE 22ND AVE	CITY-ST-ZIP FORT LAUDERDALE FL 33308	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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.	
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SIGNATURE: Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sarah N. Smith	DATE 1-28-04	DAYTIME PHONE # 954567-8007
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