


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90031 022 ***150.00

DOCUMENT # P01000005653 1. Entity Name BLMP INVEST INC.	
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Principal Place of Business 444 BRICKELL AVE, STE 51-345 MIAMI, FL 33131	Mailing Address 444 BRICKELL AVE, STE 51-345 MIAMI, FL 33131
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J4UJ0120



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2301962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAILLARD, PATRICIA 444 BRICKELL AVE, STE 51-345 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when restate) _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUSCHETTA, LUIGI 444 BRICKELL AVE, STE 51-345 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAILLARD, PATRICIA 444 BRICKELL AVE, STE 51-345 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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:  U.P. **4/16/2004** **(305)491-9499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #