2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

				secretary of State				
DOCUMENT # P02000132155 1. Entity Name BLACKSTONE PROPERTIES & INVESTMENTS, INC.								
Principal Place 4300 NORTH LAUDERHILL	I UNIVERSITY DR., STE. D-103 4	alling Address 300 NORTH UNIVERSITY DR., AUDERHILL, FL 33351	STE. D-103					
				04282004 No Chg-P CR2E034 (10/03)				
D	O NOT WRITE I	CE	4. FEI Numb	95	· · · · · ·	Applied For		
				57-114	3132		Not Applicable 3.75 Additional	
	,			5. Certificate	of Status Desired		e Required	
	6. Name and Address of Current Regis	tered Agent	•					
MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DR., STE. D-103 LAUDERHILL, FL 33351			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the plans of registered agent.	surpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am fan	niliar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registers	ed Agent signature requires	s when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	05/03/04-)[45101 -80011-(004 150.00	
10.	OFFICERS AND DIREC	CTORS						
Title Name Street address City - St - Zip								
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-21P								
TITLE NAME SIREET ADDRESS CITY, ST. 789								

12. Thereby 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: Wil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR