



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90187 045 \*\*\*150.00

<b>DOCUMENT # P02000132155</b> 1. Entity Name <b>BLACKSTONE PROPERTIES &amp; INVESTMENTS, INC.</b>					
Principal Place of Business <b>4300 NORTH UNIVERSITY DR., STE. D-103 LAUDERHILL, FL 33351</b>				Mailing Address <b>4300 NORTH UNIVERSITY DR., STE. D-103 LAUDERHILL, FL 33351</b>	
2. Principal Place of Business <b>1700 NW 66 AVE</b> Suite, Apt. #, etc. <b># 102</b>		3. Mailing Address <b>1700 NW 66 AVE</b> Suite, Apt. #, etc. <b># 102</b>			
City & State <b>Plantation FL</b>		City & State <b>Plantation, FL</b>		4. FEI Number <b>57-1143132</b>	
Zip <b>33313</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DR., STE. D-103 LAUDERHILL, FL 33351</b>				7. Name and Address of New Registered Agent Name <b>William M. Murphy</b> Street Address (P.O. Box Number is Not Acceptable) <b>1700 NW 66 AVE</b> <b># 102</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33313</b>	
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 <u><i>William M. Murphy</i></u> <b>William M. Murphy</b> <b>President</b> <b>4/4/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DR., STE. D-103 LAUDERHILL, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FORMAN, M. AUSTIN 888 SE THIRD AVENUE, STE. 501 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William M. Murphy 1700 NW 66 AVE # 102 Plantation, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William M. Murphy 1700 NW 66 AVE # 102 Plantation, FL 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William M. Murphy 1700 NW 66 AVE # 102 Plantation, FL 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William M. Murphy 1700 NW 66 AVE # 102 Plantation, FL 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>William M. Murphy</i></u> <b>William M. Murphy</b> <b>4/4/06</b> <b>746-2221</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					