

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000132155

1. Entity Name
BLACKSTONE PROPERTIES & INVESTMENTS, INC



Principal Place of Business
1700 NW 66 AVE
STE #102
PLANTATION, FL 33313

Mailing Address
1700 NW 66 AVE
STE #102
PLANTATION, FL 33313



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1143132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, WILLIAM M
1700 NW 66 AVE
STE 102
PLANTATION, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURPHY, WILLIAM M
STREET ADDRESS 1700 NW 66 AVE STE #102
CITY-ST-ZIP PLANTATION, FL 33313

TITLE VSD
NAME FORMAN, M. AUSTIN
STREET ADDRESS 888 SE THIRD AVENUE, STE. 501
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

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05/22/08-80039-020 150.00

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IN THIS SPACE**

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: *William M Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M Murphy

3/4/08

746-2221