


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000056680

1. Entity Name
OFFSHORE PROPERTY INVESTMENTS, INC.



Principal Place of Business
**1001 GREENWOOD BLVD.
 LAKE MARY, FL 32746 US**

Mailing Address
**1056 EDMISTON PLACE
 LONGWOOD, FL 32775**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3203045

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AGGARWAL, ASHOK
 1001 GREENWOOD BLVD
 LAKE MARY, FL 32746**

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 _____ DATE _____
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGGARWAL, KULDEEP C 1055 EDMISTON PLACE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGGARWAL, NEELAM 1055 EDMISTON PLACE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGGARWAR, ASHOK 1056 EDMISTON PL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGGARWAR, APRANA 1056 EDMISTON PL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/16/04-80040-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Ashok Aggarwal** 1/16/04 427 716 5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #