

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90308 029 ***150.00

DOCUMENT # P98000057540

1. Entity Name
BLR INVESTMENTS INC.



Principal Place of Business
**499 N. SR 434 SUITE 2159
 ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**499 N. SR 434 SUITE 2159
 ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04112004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3526826

Applied For:
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LUTHRA, VIJAY K
 499 N. SR 434 SUITE 2159
 ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

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	D	<input type="checkbox"/> Delete
NAME	LUTHRA, VIJAY K	
STREET ADDRESS	499 N. SR 434 SUITE 2159	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAJAJ, SANDEEP	
STREET ADDRESS	499 N. SR 434 #2159	
CITY-ST-ZIP	ALATMONTE SPRINGS, FL 32716	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDY, KARAN, G	
STREET ADDRESS	499 N. SR. 434 #2159	
CITY-ST-ZIP	ALATMONTE SPRINGS, FL 32716	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUTHRA, ASHU K	
STREET ADDRESS	2811 CITRON DR.	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Vijay K. Luthra* **VIJAY K. LUTHRA**

Date: **4/26/04** Daytime Phone #: **407 820886**