

2005 FOR PROFIT CORPORATION ANNUAL REPORT


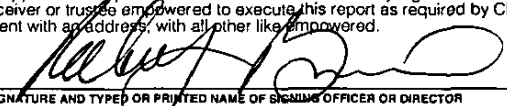
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Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90057 011 ***150.00

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03082005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000006843					
1. Entity Name BIANCO FAMILY OF SOUTH FLORIDA, INC.					
Principal Place of Business 936 INTRACOASTAL DRIVE NO. 11-C FORT LAUDERDALE, FL 33304			Mailing Address 936 INTRACOASTAL DRIVE NO. 11-C FORT LAUDERDALE, FL 33304		
2. Principal Place of Business 6361 S.W. 38th COURT		3. Mailing Address 6361 S.W. 38th COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIE, FL 33314-2525		City & State DAVIE, FL 33314-2525		4. FEI Number 03-0379398	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GLASSER, GENE K 2021 TYLER STREET HOLLYWOOD, FL 33020		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIANCO, LOUIS A		NAME		
STREET ADDRESS	936 INTRACOASTAL DRIVE NO. 11-C		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIANCO, ROBERT LOUIS		NAME		
STREET ADDRESS	7551 SW 39TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIANCO, LOUIS DOMINICO		NAME		
STREET ADDRESS	17210 KINGWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Date: 3/29/05		Daytime Phone #: 954 473 5295	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	