


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90013 010 \*\*\*150.00

DOCUMENT # P03000006895

1. Entity Name  
 1290 PB, INC.



Principal Place of Business  
 3300 N.E. 14TH COURT  
 FT. LAUDERDALE, FL 33304-1706

Mailing Address  
 3300 N.E. 14TH COURT  
 FT. LAUDERDALE, FL 33304-1706

2. Principal Place of Business  
 1290 E OAKland PK Blvd.  
 (Suite) Apt. #, etc.  
 #100

3. Mailing Address  
 1290 E. OAKland PK Blvd  
 (Suite) Apt. #, etc.  
 #100


City & State  
 OAKland Park, FL

City & State  
 OAKland Park, FL

Zip  
 33334

Country  
 US

94018491



02172004 Chg-P CR2E034 (10/03)

4. FEI Number  
 22-3895120

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

FURNESS, COLIN W  
 3300 N.E. 14TH COURT  
 FT. LAUDERDALE, FL 33304-1706

7. Name and Address of New Registered Agent

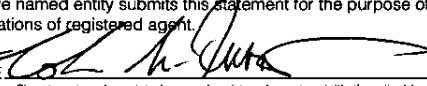
Name  
 MAYOR, Deborah M.

Street Address (P.O. Box Number is Not Acceptable)  
 1290 E. OAKland PK. Blvd #100

City  
 OAKland PARK FL

Zip Code  
 33334

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  COLIN W. FURNESS 2/17/04

(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	FURNESS, COLIN W	
STREET ADDRESS	3300 N.E. 14TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333041706	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYOR, DEBORAH	
STREET ADDRESS	3315 N.E. 14TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  Deborah Mayor 2/17/04 954-868-7704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #