

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91006 046 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000102657

1. Entity Name
BIANCO CONSULTING INC.



Principal Place of Business
11030 SW 128 STREET
MIAMI, FL 33176

Mailing Address
11030 SW 128 STREET
MIAMI, FL 33176

24067401



04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

4. FEI Number
13-4264921

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIANCO, TONY
11030 SW 128 STREET
MIAMI, FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. 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, a typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$850.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **TONY BIANCO** Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME **Pres. / TONY BIANCO** Change Addition
STREET ADDRESS **11030 SW 128 St**
CITY- ST- ZIP **Miami - FL 33176**

TITLE
NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME Change Addition
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 11B 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: *X Tony Bianco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X April 29, 2004
DATE