


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M99643 1. Entity Name PIBA ENTERPRISES, INC.	
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Principal Place of Business 1383 52ND AVENUE, NORTHEAST ST. PETERSBURG, FL 33703	Mailing Address 1383 52ND AVENUE, NORTHEAST ST. PETERSBURG, FL 33703
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02212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2915066	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WEBBER, CAROLE M
 1383 52 AVE NE
 ST. PETERSBURG, FL 33703

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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 title 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 WEBBER, CATHERINE 1383 52ND AVE. N.E. ST PETERSBURG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, RAYMOND 1383 52ND AVE NE ST PETERSBURG, FL
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400000118787
 04/19/04-80074-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, just all other like empowered.

SIGNATURE: Raymond Webber DATE: 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #