2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Feb 24, 2005 08:00 AM **Secretary of State** DOCUMENT # P01000117803 1. Entity Name PBB ENTERPRISES, INC. Principal Place of Business Mailing Address 3602 N W 23RD CT 3602 N W 23RD CT BOCA RATON, FL 33431 BOCA RATON, FL 33431 CR2E034 (10/03) 02232005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-1159045 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COLEMAN, ANTHONY G JR 3275 W HILLSBORO BLVD, #207 DEERFIELD BEACH, FL 33442 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstaling) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME !LICETO_ROBERT STREET ADDRESS 3602 N W 23RD CT U00000242306 02/24/05-80081-019 150.00 CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY - ST- ZIP TITLE NAME STREET ADDRESS

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 cath; 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone 8