


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

3. Mailing Address
1290 E. OAKland PK Blvd

(Suite) Apt. #, etc.
#100

(Suite) Apt. #, etc.
#100

City & State
OAKland Park, FL

City & State
OAKland Park, FL


Zip
33334

Country
US

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.

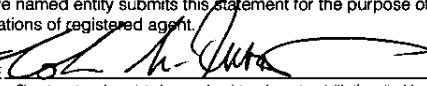
Street Address (P.O. Box Number is Not Acceptable)
1290 E. OAKland PK. Blvd #100

City
OAKland PARK

State
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** DATE **2/17/04**

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	D FURNESS, COLIN W 3300 N.E. 14TH COURT FT. LAUDERDALE, FL 333041706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYOR, DEBORAH 3315 N.E. 14TH COURT FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **2/17/04** Daytime Phone # **954-868-7704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR