2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169910

GUERRERO, JESUS A

12846 S.W. 52ND STREET

MIRAMAR, FL 33027 US

Name:

Address:

City-St-Zip:

Entity Name: P & B PARTITIONS OF FLORIDA. INC

FILED Apr 18, 2005 Secretary of State

	iidi i a bii/iiti	THORIO OF TEORIBA, III	O .			
Current P	rincipal Place of	f Business:	New Princ	New Principal Place of Business:		
610 S.W. 95TH TERRACE				19501 W. COUNTRY CLUB DRIVE		
PEMBRO	(E PINES, FL 33	025 US	2606 AVENTUR	RA, FL 33180	US	
Current M	lailing Address:		New Maili	New Mailing Address:		
610 S.W. 95TH TERRACE PEMBROKE PINES, FL 33025 US			19501 W. 9 2606			
	,,	,		RA, FL 33180) US	
FEI Number	:	FEI Number Applied For (X)	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Cur	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
The above	e of Florida.	bmits this statement for the	e purpose of changing	its registered o	office or registered agent, or both,	
		Signature of Registered A	Agent	Date		
Election Car	npaign Financing Ti	rust Fund Contribution ().				
OFFICER	S AND DIRECTO	DRS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () De BIGLIN, RONALD H 436 COMMERCE I WEST BERLIN, NJ	H JR. LANE	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () De SANTIS, MICHAEL 610 S.W. 95TH TE PEMBROKE PINE:	. J ERRACE	Title: Name: Address: City-St-Zip:	SANTIS, MICHA 19501 W. COU	NTRY CLUB DRIVE # 2606	
Title [.]	SEC. () De	elete	Title [.]	()) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL J SANTIS VP 04/18/2005