

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P11912**

1. Entity Name  
**FLBN CORPORATION**



Principal Place of Business  
**ATT: TAX DEPT.  
1300 NW 22ND ST.  
POMPANO BEACH, FL 33069**

Mailing Address  
**ATT: TAX DEPT.  
1300 NW 22ND ST.  
POMPANO BEACH, FL 33069**

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2062236**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VEGA, JOSE  
1300 NW 22ND ST  
POMPANO BCH, FL 33069**

**DO NOT WRITE  
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

Signature, 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 \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PCDS
NAME	KEON, WILLIAM T III
STREET ADDRESS	1300 NW 22ND ST
CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	V
NAME	FERNANDO, BONILLA J
STREET ADDRESS	1300 NW 22ND ST
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	EV
NAME	O'LEARY, DANIEL
STREET ADDRESS	1300 N.W. 22ND STREET
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000027129  
02/03/04-80032-044 150.00

000000027129  
02/03/04-80032-045 8.75

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

*Daniel J. O'Leary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/04

Daytime Phone #

954-977-2500