


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000061140**  
 1. Entity Name  
 PORTFOLIO MANAGEMENT / GIBBONE, INC.



Principal Place of Business      Mailing Address  
 10265 NW 129TH ST      10265 NW 129TH ST  
 HIALEAH GARDENS, FL 33016      HIALEAH GARDENS, FL 33016



01162004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0601205      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HENRY, JANET  
 10265 NW 129TH ST  
 HIALEAH GARDENS, FL 33-3016

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GIBBONE, STEVEN DON
STREET ADDRESS	4N 34TH AVE
CITY - ST - ZIP	LONGPORT, NJ 08403
TITLE	S
NAME	SCICCHITANO, VERONICA
STREET ADDRESS	10265 NW 129TH STREET
CITY - ST - ZIP	HIALEAH, FL 33016
TITLE	V
NAME	SCHERZER, HAROLD
STREET ADDRESS	1548 FULTON DR
CITY - ST - ZIP	AMBLER, PA 19002
TITLE	V
NAME	HENRY, JANET
STREET ADDRESS	10265 NW 129TH STREET
CITY - ST - ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000015126  
 01/27/04-80047-021 150.00

**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)(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 the like empowered.

SIGNATURE:       1/30/04      305 557-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #