


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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

Principal Place of Business 10265 NW 129TH ST HIALEAH GARDENS, FL 33016	Mailing Address 10265 NW 129TH ST HIALEAH GARDENS, FL 33016
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0601205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HENRY, JANET
10265 NW 129TH ST
HIALEAH GARDENS, FL 33-3016

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000206293 01/31/05-80077-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GIBBONE, STEVEN DON 4N 34TH AVE LONGPORT, NJ 08403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCICCHITANO, VERONICA 10265 NW 129TH STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHERZER, HAROLD 1548 FULTON DR AMBLER, PA 19002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENRY, JANET 10265 NW 129TH STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied in 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 807, 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 information.

SIGNATURE:  1/30/05 205-557-5475
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #