


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 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

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0601205 Applied For  
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

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IN THIS SPACE**

3. 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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000403289  
02/03/06-80041-024 150.00

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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Steven Don Gibbone* 1/20/06 3255575472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #