


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 28, 2008 8:00 am
Secretary of State

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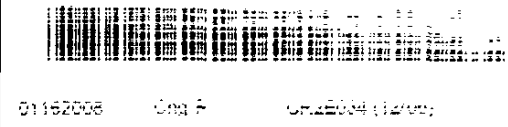
1. Entity Name
 PORTFOLIO MANAGEMENT / GIBBONE, INC.



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 10265 NW 129TH ST
 HIALEAH GARDENS, FL 33016

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
GIBBONE, STEVEN DON	LONGPORT, NJ 08403
SCICCHITANO VERONICA	HIALEAH, FL 33016
SCHERZER HAROLD	AMBLER, PA 19002
HENRY, JANET	HIALEAH, FL 33016

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
PT SEVEN DON GIBBONE	MT. LAUREL, NJ 08054

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 my address, with all other like empowerments.

SIGNATURE: *Steven Don Gibbone* 1/17/08 305-557-5475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 SEVEN DON GIBBONE