

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90118 004 \*\*\*158.75

**DOCUMENT # P98000067349**

1. Entity Name  
**MARY E. LOBIANCO, INC.**



Principal Place of Business      Mailing Address

**2802 KELLEY BROOKE LANE**      **2802 KELLEY BROOKE LANE**  
**DEERFIELD BEACH, FL 33442**      **DEERFIELD BEACH, FL 33442**

2. Principal Place of Business      3. Mailing Address

**3100 NE 47 Ct.**      **3100 NE 47 Ct.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 11**      **# 11**

City & State      City & State

**Fort Lauderdale, FL**      **Fort Lauderdale, FL**

Zip      Country      Zip      Country

**33308**      **USA**      **33308**      **USA**



07012004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0854254**       Not Applicable

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

6. Name and Address of Current Registered Agent

**LOBIANCO, MARY E**  
**2802 KELLEY BROOKE LANE**  
**DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

Name: **LoBianco, Mary E**

Street Address (P.O. Box Number is Not Acceptable)  
**3100 NE 47 Ct.**  
**# 11**

City: **Fort Lauderdale**      State: **FL**      Zip Code: **33308**

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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	<b>D</b>	<b>LOBIANCO, MARY E</b>	<b>2802 KELLEY BROOKE LANE</b>	<b>DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>LoBianco, Mary E</b>	<b>3100 NE 47 Ct #11</b>	<b>Fort Lauderdale FL 33308</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 other IRE empowered.

SIGNATURE: Mary E LoBianco      Date: 7/1/04      Daytime Phone #: 561-702-3640

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