## 2007 FOR PROFIT CORPORATION . ANNUAL REPORT

## Jan 19, 2007 08:00 AM DOCUMENT # P05000011618 **Secretary of State** BAILBONDS.COM OF MIAMI INC. Principal Place of Business Mailing Address 1000 NW 14TH STREET 1000 NW 14TH STREET MIAMI, FL 33136 MIAMI, FL 33136 CR2E034 (11/05) 01132007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2263105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent FAIBISCH, CHARLES DO NOT WRITE 1000 NW 14TH STREET MIAMI, FL 33136 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) U00000592767 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ 01/22/07-80004-023 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PS FAIBISCH, CHARLES NAME 1000 NW 14TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33136 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-7IP TITLE NAME

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 receivenor 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #

FILED