


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000041806 1. Entity Name CITY BAIL BONDS, INC.	
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Principal Place of Business 233 N. FEDERAL HWY #59 DANIA, FL 33004 US	Mailing Address P.O. BOX 220643 HOLLYWOOD, FL 33022 US
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0845757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHANI, KHILA L ESQ
% KHANI & AUERBACH
2338 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

1000000756610
05/23/07-80037-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAYNEN, NATASHA 2434 SHERIDAN ST HOLLYWOOD, FL 33020
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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: Natasha Y. Braynen Natasha Y. Braynen 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #