2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000099539

1. Entity Name
#1 BAIL, INC.

Principal Place of Business	Mailing Address
1575 NW 14 ST MIAMI, FL 33125	1575 NW 14 ST MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

01132007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
37-1447450		Not Applicable

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

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6. Name and Address of Current Registered Agent

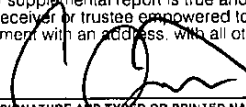FAIBISCH, CHARLES
1575 NW 14 ST
MIAMI, FL 33125

DO NOT WRITE 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 title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

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	U00000592317 01/19/07-80057-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	FAIBISCH, CHARLES
STREET ADDRESS	1000 NW 14TH ST
CITY-ST-ZIP	MIAMI, FL 33136

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _Charles Faibisch_ 01/16/07 305 381-7076

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