

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 388693

1. Entity Name
FLOWERS BAIL BONDS, INC.

Principal Place of Business
1600 NW N RIVER DR
SUITE 100
MIAMI FL 33125

Mailing Address
1000 NW N RIVER DR.
UNIT 106
MIAMI FL 33136

2. Principal Place of Business
Suite, Apt #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt #, etc.
City & State
ZipCountry

6. Name and Address of Current Registered Agent
FLOWERS, CHARLES J
1000 NW N RIVER DR UNIT 106
MIAMI FL 33136

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
PD FLOWERS, CHARLES J 1000 NW N RIVER DR., #106 MIAMI FL 33136
ST FLOWERS, SHIRLEY D 1000 NW N RIVER DR., #106 MIAMI FL 33136
Delete
Delete
Delete
Delete
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP
Change Addition
U00000245278
02/28/05-80020-024 150.00
Change Addition
Change Addition
Change Addition
Change Addition

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 like empowered.

SIGNATURE: Shirley D. Flowers SHIRLEY D. FLOWERS (305) 326-1778 2/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Barcode

1st MOORE CR2E034 (10/04)

4. FEI Number 59-1654324
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required