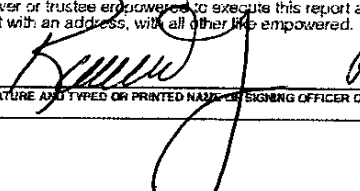


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90059 034 ***150.00

DOCUMENT # H76344 1. Entity Name A ABACUS BAIL BONDS, INC.					
Principal Place of Business P O BOX 331246 COCONUT GROVE, FL 33233			Mailing Address P O BOX 331246 COCONUT GROVE, FL 33233 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2583192	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALTERS, RUSSELL 1390 NW 16 STREET 7TH FLOOR MIAMI, FL 33125				Name Street Address (P O. Box Number is Not Acceptable) City FL Zip 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WALTERS, RUSSELL, JR.		NAME		
STREET ADDRESS	PO BOX 331246		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WALTERS, GARY		NAME		
STREET ADDRESS	PO BOX 331246		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33233		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Russ Walters Jr. 1-31-05 (300) 324-6444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					