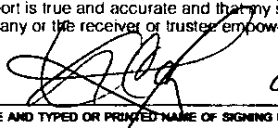


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90134 038 ***138.75

DOCUMENT # L07000117303 1. Entity Name 123 BAIL BONDS / FIANZAS LLC					
Principal Place of Business 1380 N.W. 16 STREET MIAMI, FL 33125			Mailing Address 1380 N.W. 16 STREET MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box # 1382 NW 16 Street		3. Mailing Address 1382 NW 16 Street			
Suite, Apt. #, etc. City & State Miami		Suite, Apt. #, etc. City & State FL		02072008 Chg-LLC CR2E083 (12/06)	
Zip 33125		Country		4. FEI Number 06-1454483	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALFONSO, ELBITA 1380 N.W. 16 STREET MIAMI, FL 33125			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1382 NW 16 Street City Miami FL Zip Code 33125		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFONSO, ELBITA 1380 N.W. 16 STREET MIAMI, FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1382 NW 16 Street Miami, FL 33125	☒ Change ☐ Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PESCADOR, LIDIA 1380 N.W. 16 STREET MIAMI, FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1382 NW 16 Street Miami FL 33125	☒ Change ☐ Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CACERES, LIDIA 1380 N.W. 16 STREET MIAMI, FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1382-NW 16 Street Miami FL 33125	☒ Change ☐ Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  LIDIA CACERES MEMBER 2-7-08 (35) 728-4853					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					