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	Mailing Address
1380 N.W. 16 STREET MIAMI, FL 33125	1380 N.W. 16 STREET MIAMI, FL 33125

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1382 NW 16 Street	1382 NW 16 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: FL
Zip: 33125 Country:	Zip: Country:

02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 06-1454483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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

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 address ☐ Addition
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 address ☐ Addition
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 address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: C/O IA CACERES MGMR 2-7-08 (305) 728-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #