## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 12, 2007 08:00 A Secretary of State DOCUMENT # P00000024910 BAIL-OUT, INC. Principal Place of Business Mailing Address 324A SOUTHWEST 12TH AVENUE 324A SOUTHWEST 12TH AVENUE MIAMI, FL 33130 MIAMI, FL 33130 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0990193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CUBILLOS, FERNANDO L DO NOT WRITE 324A SOUTHWEST 12TH AVENUE MIAMI, FL 33130 -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 atte if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME CUBILLOS, FERNANDO L 324A SOUTHWEST 12TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 TITLE U00000663271 03/21/07-80045-014 150.00 NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-ZIP NAME STREET ADDRESS

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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with I other like empowe

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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