

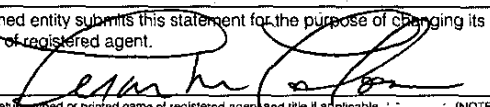
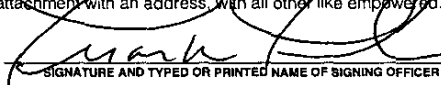


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90003 022 ***150.00

54025829

DOCUMENT # P00000090539 1. Entity Name FREEDOM BAIL BOND, INC.																																																					
Principal Place of Business 519 A SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33301			Mailing Address 519 A SOUTH ANDREWS AVE STE. 6 FORT LAUDERDALE, FL 33301																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 519 A South Andrews Ave. Suite, Apt. #, etc.																																																			
City & State _____		City & State FORT LAUDERDALE, FL.		4. FEI Number 65-1043261																																																	
Zip 33301		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent COLON, CESAR M 13173 NW 18 STREET DAVIE, FL 33301				7. Name and Address of New Registered Agent Name Colon, Cesar M. Street Address (P.O. Box Number is Not Acceptable) 519 A South Andrews Ave. City Fort Lauderdale, FL Zip Code 33301																																																	
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: 4-2-04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">PSTD COLON, CESAR M 519A SOUTH ANDREWS AVE HOLLYWOOD, FL 33028</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLON, CESAR M 519A SOUTH ANDREWS AVE HOLLYWOOD, FL 33028	Delete <input type="checkbox"/>																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">PSTD Colon, CESAR M. 519A S. ANDREWS AVE FORT LAUDERDALE, FL. 33301</td> <td style="width:30%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Colon, CESAR M. 519A S. ANDREWS AVE FORT LAUDERDALE, FL. 33301	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																					
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-2-04 Daytime Phone #: 954-779-3004																																																		