


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-09-2004 90058 005 ***150.00

DOCUMENT # 01000048971	
1. Entity Name COMMUNITY BAILBONDS, INC.	

Principal Place of Business 8357 W. FLAGLER STREET PMB #128 MIAMI FL 33144	Mailing Address 8357 W. FLAGLER STREET PMB #128 MIAMI FL 33144
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent LASO, CHARLENE 2520 SW 22ND ST. MIAMI FL 33145	7. Name and Address of New Registered Agent Name LASO, CHARLENE Street Address (P.O. Box Number is Not Acceptable) 1640 N.W. 17th AVENUE City MIAMI FL Zip Code 33125
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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) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLENO, JOSE L 8357 W. FLAGLER STREET #128 MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LASO, CHARLENE 8357 W. FLAGLER STREET #128 MIAMI, FLORIDA 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____ **AS DIRECTOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3/1/04** **(305) 547-2343**
Date Daytime Phone #