

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087526

FILED
Apr 25, 2005
Secretary of State

Entity Name: GOMEZ BAIL BONDS, INC.

Current Principal Place of Business:

1721 S.W. 74 AVENUE ROAD
MIAMI, FL 33155

New Principal Place of Business:

215 SW 17 AVE
305
MIAMI, FL 33135

Current Mailing Address:

P.O. BOX 557173
MIAMI, FL 33255

New Mailing Address:

FEI Number: 52-2372594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, FABIOLA
1721 S.W. 74 AVENUE ROAD
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOMEZ, FABIOLA
Address: 1721 S.W. 74 AVENUE ROAD
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: GOMEZ, BRYANN
Address: 1721 S.W. 74 AVENUE ROAD
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: GOMEZ, MAREK
Address: 1721 S.W. 74 AVENUE ROAD
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: GOMEZ, FABIOLA
Address: 1721 S.W. 74 AVENUE ROAD
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIOLA GOMEZ

_____ Electronic Signature of Signing Officer or Director

OWNE

04/25/2005

_____ Date