



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90001 006 ***150.00

DOCUMENT # P02000092080 1. Entity Name GOOD GIRLS BAIL BONDS INC.																													
Principal Place of Business P.O. BOX 771043 MIAMI, FL 33177			Mailing Address 17845 SW 149 AVE MIAMI, FL 33187																										
2. Principal Place of Business 5300 NW 77 COURT Suite, Apt. #, etc. SUITE 204 City & State MIAMI FL Zip 33166		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		54056445 																									
4. FEI Number 86-7052595		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03202003 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent POZO, BARBARA V 17845 SW 149TH AVE. MIAMI, FL 33187			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #