2005 FOR PROFIT CORPORATION

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ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED ANNUAL REPORT Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P02000099542 1. Entity Name 24-7 BAIL BONDS, INC. Principal Place of Business Mailing Address 1575 NW 14 ST 1575 NW 14 ST MIAMI. FL 33125 MIAMI, FL 33125 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2075970 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FAIBISCH, CHARLES DO NOT WRITE 1575 NW 14 ST MIAMI, FL 33125 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, lypad or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \Box Trust Fund Contribution. OFFICERS AND DIRECTORS 10, TITLE FAIBISCH, CHARLES NAME UNONNO341047 D4/28/05-80140-014 150.**0**0 1000 NW 14TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33136 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP upplied with this filling loos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information that report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director use empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in address, with all other like empowered. I hereby certify that the information si indicated on this report or supplement