2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 19, 2007 08:00 AM DOCUMENT # P02000099542 **Secretary of State** 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 01132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) UQQQQQS92311 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 01/19/07-80057-018 150.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE FAIBISCH, CHARLES NAME 1000 NW 14TH ST STREET ADDRESS MIAMI, FL 33136 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-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

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 received 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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