

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000105390

1. Entity Name

AAA BAIL YES BONDING AGENCIES, INC.



**FILED
Apr 16, 2004 8:00 am
Secretary of State**

04-16-2004 90027 029 ***150.00

Y4002466



MOORE CR2E034 (11/03)

Principal Place of Business
2299 SW 27 AVENUE
SUITE 200
MIAMI FL 33145
US

Mailing Address
2299 SW 27 AVENUE
SUITE 200
MIAMI FL 33145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number
41-2064609

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEFABIO, JOEL ESQ.
2121 PONCE DELEON BLVD.
SUITE 430
CORAL GABLES FL 33134

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

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
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete	TITLE
NAME	MASTRAPA, JOE		NAME
STREET ADDRESS	2299 SW 27 AVENUE, SUITE 200		STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> Delete	TITLE
NAME	MORALES, STEVEN		NAME
STREET ADDRESS	2299 SW 27 AVE		STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> Delete	TITLE
NAME	MASTRAPA, JOE		NAME
STREET ADDRESS	2299 SW 27 AVENUE, SUITE 200		STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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:

Steven Morales

4-13-04

305-360-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #