## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000105390

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

**Entity Name:** AAA BAIL YES BONDING AGENCIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2299 SW 27 AVENUE SUITE 200 MIAMI, FL 33145 **New Mailing Address: Current Mailing Address:** 2299 SW 27 AVENUE SUITE 200 MIAMI, FL 33145 FEI Number: 41-2064609 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEEGAN, JAMES ESQ. KEEGAN, JAMES ESQ. 9830 SW 77 AVENUE 6080 SW 40 STREET SUITE 155 SUITE #6 MIAMI, FL 33156 US MIAMI, FL 33155 US 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: 04/28/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MASTRAPA, DOLORES MASTRAPA, DOLORES M Name: Name: 2299 SW 27 AVENUE, SUITE 200 2299 SW 27 AVENUE, SUITE 200 Address: Address: City-St-Zip: MIAMI, FL 33145 US City-St-Zip: MIAMI, FL 33145 US Title: Title: (X) Change ( ) Addition () Delete MASTRAPA, ROBERT D Name: MASTRAPA, ROBERT Name: 2299 SW 27 AVENUE, SUITE 200 2299 SW 27 AVENUE, SUITE 200 Address: Address: MIAMI, FL 33145 US MIAMI, FL 33145 US City-St-Zip: City-St-Zip: ( ) Change (X) Addition Title: ( ) Delete Title: Name: MASTRAPA, ROBERT D Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT MASTRAPA P 04/28/2009

2299 SW 27 AVENUE SUITE 200

MIAMI, FL 33145