2007 FOR PROFIT CORPORATION. ANNUAL REPORT

Jan 19, 2007 08:00 AM **Secretary of State** DOCUMENT # P02000118150 1. Entity Name 007 BONDS INC. Principal Place of Business Mailing Address 1575 NW 14TH STREET 1575 NW 14TH STREET MIAMI, FL 33125 MIAMI, FL 33125 01132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2353600 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLMAN, DONNA DO NOT WRITE 1000 NW 14TH STREET MIAMI, FL 33136 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000592760 /22/07-80004-019 150.00 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ZEMLOCK, ROY NAMÉ 1575 NW 14TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE FAIBISCH, CHARLES NAME 1000 NW 14TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33136 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 receiver of 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTO

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Daytime Phone #

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