. 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000087862

1. Entity Name BAD GIRLS BAIL BONDS INC.



Principal Place of Business

Mailing Address

1390 NW 16TH STREET MIAMI, FL 33125 1390 NW 16TH STREET MIAMI, FL 33125

FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90190 023 ***150.00



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4 FELNimber | Applied For

4. FEI Number 20-0737749

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, YOSVANI 1390 NW 16TH STREET MIAMI, FL 33125 DO NOT WRITE
IN THIS SPACE

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8. The above the obligation	named entity submits this statement for the purpose ons of registered agent.	of changing its registered	d office or re	egistered ag	gent, or b	oth, in the State o	of Florida. I am f	amiliar with, an	d accept	
SIGNATURE Signature, typed or printed glame of registered agent and site if applicable. (NOTE: Registered.)			i Agent signature required when reinstating)				DATE			
FILI After Ma		lection Campaign Financi rust Fund Contribution.	ing	\$5.00 Added to				·		
10.	OFFICERS AND DIRECTORS					Salas Pa Article Roll on the				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, YOSVANI 1390 NW 16TH STREET MIAMI, FL 33125		Matematica (g. 16 1987 - II. 1893) Ighan 1988 Ighan 1988	ngalan (militar) Tiga sa			A STATE OF THE STA			
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NAME CERCET ADDRESS							-	to the second	adassa 	

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 reports true and accurate and that my signature shall have the same legal effect as if made under certh; that I am an officer or director of the corporation or the receiver or these 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

306-545-988

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Daytime Phone #