


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 011 ***150.00

DOCUMENT # P04000019877
 1. Entity Name
BROWARD COUNTY BAIL BONDS INC.



Principal Place of Business Mailing Address
 15 S.W. 7TH STREET 15 S.W. 7TH STREET
 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301



2. Principal Place of Business 3. Mailing Address
220 S.E. 12 STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
FORT LAUDERDALE, FL
 Zip Country Zip Country
33316 USA

4. FEI Number Applied For
65-1087717 Not Applicable

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

6. Name and Address of Current Registered Agent
THE BAIL BOND FIRM LLC
1390 NW 16TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent
 Name **SEAN MILLEMAN**
 Street Address (P.O. Box Number is Not Acceptable)
220 S.E. 12 STREET
 City **FORT LAUDERDALE** FL Zip Code **33316**

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 *Sean Millman* DATE **2/17/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ARENAS, RICHARD | |
| STREET ADDRESS | 1390 NW 16TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ALFONSO, YOSAVANI | |
| STREET ADDRESS | 1390 NW 16TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WALTERS, RUSS | |
| STREET ADDRESS | 1390 NW 16TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILLMAN, SEAN | |
| STREET ADDRESS | 15 S.W. 7TH STREET | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Sean Millman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/17/06** Daytime Phone # **(954) 306-0990**