


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-03-2005 90174 047 ***150.00

DOCUMENT # P04000076345					
1. Entity Name HUGO MESIAS BAIL BONDS, INC.					
Principal Place of Business 248 N. W. LEJEUNE RD. 2ND FLOOR MIAMI, FL 33126		Mailing Address 248 N. W. LEJEUNE RD. 2ND FLOOR MIAMI, FL 33126			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 650-701329	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MESIAS, HUGO 248 N. W. LEJEUNE RD. 2ND FLOOR MIAMI, FL 33126			7. Name and Address of New Registered Agent Name: Bad-Boyz-Bail-Bonds Street Address (P.O. Box Number is Not Acceptable): 248 NW Lejeune Rd. 2nd Floor City: Miami FL Zip Code: 33126		
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: <u>Hugo Mesias</u> CEO Bad Boyz Bail Bonds <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MESIAS, HUGO 248 N. W. LEJEUNE RD., 2ND FLOOR MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Hugo Mesias</u>			Date: <u>4/30/05</u> Daytime Phone: _____		

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