2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129676

Entity Name: AALIANCE BAIL BONDS INC.

FILED Jan 06, 2009 Secretary of State

Littly Nan	IIE. AALIANGE BAIL	. BONDS INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
521 S AND	REWS AVE				
	DERDALE, FL 3330	1 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SOUTE #1			521 S ANDREWS AVE		
FORT LAU	IDERDALE, FL 3330	1 US	FORT LAUDERDALE,	FL 33301 US	
FEI Number:	20-1125165 FEIN	lumber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
A1A REGISTERED AGENT INC. 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 334110000 US			521 SOUTH ANDREW # 14	ALONSO, ANGEL R OWNER 521 SOUTH ANDREWS AVENUE # 14 FT. LAUDERDALE, FL 33301 US	
The above in the State		s this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: ANGEL R. ALONSO				01/06/2009	
	Electronic Sign	nature of Registered Ag	gent	Date	
Election Can	npaign Financing Trust	Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete ALONSO, ANGEL 521 S ANDREWS AVE FORT LAUDERDLAE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete ABLOLA, CHRISTINA 521 ANDREWS AVE FORT LAUDERDLAE, F	L 33301	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: CHRISTINA ABLOLA V.P. 01/06/2009