


**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

000100 1 1 1

DOCUMENT # P05000011633

1. Entity Name  
BAILBONDS.COM OF FT. MYERS INC.



04-26-2006 90233 044 \*\*\*150.00

Principal Place of Business  
1526 HENDRY STREET  
FT. MYERS, FL 33901

Mailing Address  
1000 NW 14TH STREET  
MIAMI, FL 33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent  
FAIBISCH, CHARLES  
1000 NW 14TH STREET  
MIAMI, FL 33136

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

4. FEI Number  
20-2262967

Applied For  
Not Applicable

5. Certificate of Status Desired

01232008

Chg-P

CR2E034 (11/05)

\$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$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

P, S  
FAIBISCH, CHARLES  
1000 NW 14TH STREET  
MIAMI, FL 33136

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing 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 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: Charles Faibisch

04/20/06

305 381-7070

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #