2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000042686

1. Entity Name

BAILBONDSMAN.COM INC.



Mailing Address

Principal Place of Business 1000 NW 14TH STREET MIAMI, FL 33136

1000 NW 14TH STREET MIAMI, FL 33136

FILED Jan 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01132007 No Chg-P CR

CR2E034 (11/05)

4. FEI Number 20-2536657

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 Iamiliar 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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000592764 01/22/07-80004-021 150.00

OFFICERS AND DIRECTORS 10. P. S TITLE FAIBISCH, CHARLES NAME STREET ADDRESS 1000 NW 14TH STREET MIAMI, FL 33136 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CJTY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby 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 of 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:

SIGNANDE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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01/16/17 305 38/-