

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-07-2008 90062 044 ***150.00

DOCUMENT # P07000047113 1. Entity Name MIAMI BAIL BONDS, INC.																											
Principal Place of Business 7025 NW 41 ST MIAMI, FL 33166		Mailing Address 7025 NW 41 ST MIAMI, FL 33166																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 695 E. 32 ST. Suite, Apt. #, etc.																									
City & State MIAMI, FL		City & State MIAMI, FL																									
Zip 33013		Zip 33013																									
Country USA		Country USA																									
4. FEI Number N/A		Applied For ☒ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ESCARRA, LUIS 7025 NW 41 ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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>L. Escarra</u> LUIS ESCARRA <u>04/01/2008</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ESCARRA, LUIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7025 NW 41 ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table>		TITLE	D	☐ Delete	NAME	ESCARRA, LUIS		STREET ADDRESS	7025 NW 41 ST		CITY - ST - ZIP	MIAMI, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u>L. Escarra</u> LUIS ESCARRA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>04/01/2008</u> (305) 599-3501 Date Daytime Phone #																									

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