

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067854

FILED
Apr 10, 2008
Secretary of State

Entity Name: ALICIA BACKERS BAIL BONDS INC

Current Principal Place of Business:

1861 ADVENTURE PL
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

2700 W OAKLAND PK BLVD
#18B
OAKLAND PK, FL 33311

Current Mailing Address:

1861 ADVENTURE PL
NORTH LAUDERDALE, FL 33068

New Mailing Address:

2700 W OAKLAND PK BLVD
#18B
OAKLAND PK, FL 33311

FEI Number: 20-8971228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKERS, ALICIA
1861 ADVENTURE PLACE
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

BACKERS, ALICIA
2700 W OAKLAND PK BLVD
#18B
OAKLAND PK, FL 33311 US

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.

SIGNATURE: ALICIA BACKERS

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BACKERS, ALICIA
Address: 1861 ADVENTURE PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: SECT () Delete
Name: BACKERS, ALICIA
Address: 1861 ADVENTURE PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: TRES () Delete
Name: BACKERS, ALICIA
Address: 1861 ADVENTURE PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BACKERS, ALICIA
Address: 2700 W OAKLAND PK BLVD #18B
City-St-Zip: OAKLAND PK, FL 33311

Title: SECT (X) Change () Addition
Name: BACKERS, ALICIA
Address: 2700 W OAKLAND PK BLVD #18B
City-St-Zip: OAKLAND PK, FL 33311

Title: TRES (X) Change () Addition
Name: BACKERS, ALICIA
Address: 2700 W OAKLAND PK BLVD #18B
City-St-Zip: OAKLAND PK, FL 33311

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: ALICIA BACKERS

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date