

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90398 026 ***150.00

DOCUMENT # P95000054640

1. Entity Name
PRONTO BAIL BONDS COMPANY, INC.



Principal Place of Business

1399 NW 17TH AVE.
STE. 306B
MIAMI, FL 33125

Mailing Address

1399 NW 17TH AVE.
STE. 306B
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

04242004 No Chg. P. CR2E034 (10/03)

4. FEI Number **65-0599273** Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ABREU, FRANK
1628 N.W. 28TH AVENUE
MIAMI, FL 33125

**DO NOT WRITE
IN THIS SPACE**

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

Frank Abreu **FRANK ABREU**

4-28-04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS**
NAME **ABREU, FRANK**
STREET ADDRESS **1628 N.W. 28 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Frank Abreu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #