P95000088837

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: ALINA ALFONSO BAIL BONDS (Name of Corporation)	
DOCL	JMENT NUMBER: P95000088837	
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	ALINA ALFONSO (Name of Contact Person)	
	ALINA ALFONSO BAIL BONDS (Firm/Company)	
	2530-B SW 87TH AVENUE (Address)	
	MIAMI, FL. 33165	
For fur	(City/State and Zip Code) ther information concerning this matter, please call:	
ALINA	ALFONSO at (305) 644-1888 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2008

ALINA ALFONSO ALINA ALFONSO BAIL BONDS 2530-B SW 87TH AVENUE MIAMI, FL 33165

SUBJECT: ALINA ALFONSO BAIL BONDS, INC.

Ref. Number: P95000088837

We have received your document for ALINA ALFONSO BAIL BONDS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 708A00028523

SECRETARY OF STATE TALL AHASSEE, FLORIDA

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RECEIVED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA			
	r to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: ALINA ALFONSO BAIL BONDS		
, ,	office address: 2530-B SW 87TH AVENUE		
MIAMI, FL.	33165		
3. The mailing a	ddress (if different): Savel as always		
4. Date of incorp	poration/qualification: 11-20-1995 Document number: P95000088837		
	street address of the current registered agent and registered office on file with the tment of State:		
	ALINA ALFONSO		
	2530 B SW 87TH AVENUE 1801 NW 75+ #3		
	MIAMIT, FL: 83185 miamit, F2 3310-5 street address of the new registered agent (if changed) and /or registered office		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	- alina artanco		
	- 2530-B SW 8) avenue		
	(P.O. Box NOT acceptable) Micani, FL 33165		
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.		
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.		
(Signatur	ALINA ALFONSO (Printed or typed name and title)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.			
(Sign	nature of Reglatered Agent) 1.20.08 (Date)		
If signing on behalf of an entity:			
ALINA ALFONSO			
(Ty	yped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *