

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000009217

1. Entity Name
REDD BAIL BONDS, INC.



Principal Place of Business
4485 NW 36TH ST.
#2
MIAMI, FL 33166 US

Mailing Address
P.O. BOX 558688
MIAMI, FL 33255 US

| | |
|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address <i>4485 NW 36ST</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. <i>STE. #2</i> |
| City & State | City & State <i>MIAMI FL</i> |
| Zip | Zip <i>33166</i> |
| Country | Country <i>US</i> |

03202007 Chg-P CR2E034 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0776656 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAL, EMILIO D
780 NW LEJEUNE RD., STE. 525
MIAMI, FL 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROJAS, FERNANDO G PO BOX 558688 MIAMI, FL 33255 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. ROJAS, FERNANDO G 4485 NW 36ST STE 2 MIAMI, FL 33166 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 supplement 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 my address, with all other like empowered.

SIGNATURE:

FERNANDO G ROJAS (Director) 3/20/07 2228838 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #