


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90045 050 \*\*\*150.00

<b>DOCUMENT # P97000024025</b>	
1. Entity Name <b>EXIT BAIL BOND, INC.</b>	

Principal Place of Business <b>1251 NW 36 STREET D MIAMI FL 33142</b>	Mailing Address <b>1251 NW 36 STREET D MIAMI FL 33142</b>
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2. Principal Place of Business <b>17855 NW 27 AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>17855 NW 27 AVE</b> Suite, Apt. #, etc.
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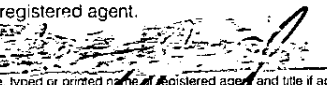
City & State <b>Miami FL</b>	City & State <b>Miami, FL</b>
Zip <b>33056</b>	Zip <b>33056</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0738314</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HENRM, JORGE 1251 NW 36 STREET #D MIAMI FL 33142</b>	
7. Name and Address of New Registered Agent Name <b>17855 NW 27 AVE</b> Street Address (P.O. Box Number is Not Acceptable) <b>Miami, FL 33056</b> City <b>FL</b> 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  DATE **2/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>JORGE, HENRY M</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JORGE, HENRY M</b>		NAME <b>JORGE, HENRY M</b>	
STREET ADDRESS <b>17855 NW 27 AVE</b>		STREET ADDRESS <b>17855 NW 27 AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33142</b>		CITY-ST-ZIP <b>MIAMI FL 33056</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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:  **2/19/04 (305) 628-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #