


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000035061 1. Entity Name A.G.R. BAIL BONDS, INC.	
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Principal Place of Business 12355 NE 13 AVE #104 MIAMI, FL 33161	Mailing Address POST OFFICE BOX 680553 NORTH MIAMI, FL 33168
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05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912406	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLE, GLENN A P O BOX 680553 NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STMD ROLLE, PAULETTE K P O BOX 680553 NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERS, IMANI R P O BOX 680553 NORTH MIAMI, FL 33168
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05/19/06-80047-004 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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: Paulette K. Rolle
PAULETTE K. ROLLE

5-1-06 305 892-4838
Date Daytime Phone #