


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90371 049 \*\*\*150.00

<b>DOCUMENT # P99000107519</b>					
1. Entity Name A-VICTORY BAIL BONDS, INC.					
Principal Place of Business 21405 SW 102 CT. MIAMI, FL 33189			Mailing Address 21405 SW 102 CT. MIAMI, FL 33189		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0982370	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARCIA, LIDIA 21405 SW 102 CT. MIAMI, FL 33189				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD GARCIA, LILY 21405 SW 102 CT. MIAMI, FL 33189	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Lily Garcia</i>			Date: 4-25-06 305-389-1036		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

305 233-3616



## Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

P99000107519

Business Entity Name

A-VICTORY BAIL BONDS, INC.

FEI Number

650982370

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

21405 SW 102 CT.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33189

## Mailing Address

Address

21405 SW 102 CT.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33189

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

GARCIA

LILY

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

21405 SW 102 CT.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33189

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

40074271

#P99000107519

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<input type="text" value="PSTD"/>
Name (Last, First, Middle, Title)	<input type="text" value="GARCIA"/> <input type="text" value="LILY"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text" value="21405 SW 102 CT."/>
City, State	<input type="text" value="MIAMI"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="33189"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>