2008 FOR PROFIT CORPORATION ANNUAL REPORT

3. A. B. C

Feb 11, 2008 08:00 AN Secretary of State **DOCUMENT # P99000107519** 1. Entity Name A-VICTORY BAIL BONDS, INC. Principal Place of Business Mailing Address 21405 SW 102 CT. 21405 SW 102 CT. MIAMI, FL 33189 MIAMI, FL 33189 02012008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FE! Number 65-0982370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GARCIA, LIDIA DO NOT WRITE 21405 SW 102 CT. MIAMI, FL 33189 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME GARCIA, LILY 21405 SW 102 CT. STREET ADDRESS CITY-ST-ZiP MIAMI, FL 33189 NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2-8-08

705-233-3616

FILED