


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90396 019 ****61.25

DOCUMENT # N03000008945

1. Entity Name
 PALM SPRINGS VILLAS SOUTH MAINTENANCE, INC.



Principal Place of Business
 C/O SPM GROUP, INC.
 2500 NW 97 AVE SUITE 210
 MIAMI, FL 33172

Mailing Address
 AVELINO BARCIA
 4198 W. 19TH AVE.
 HIALEAH, FL 33012

40075506



2. Principal Place of Business
 C/O MIAMI DADE MANAGEMENT

3. Mailing Address
 Suite, Apt. #, etc.
 6625 Miami Lakes Dr. 347

04242006 Chg-NP CR2E037 (11/05)

City & State
 MIAMI LAKES FL

City & State

4. FEI Number
 20-0472953

Applied For
 Not Applicable

Zip
 33014

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BARCIA, AVELINO
 4198 W. 19TH AVE.
 HIALEAH, FL 33012

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARCIA, AVELINO 4198 W 19 AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEGA, JUAN C 4280 W. 19TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FONT, NANCY 4110 W. 19TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHINCHILLA, ARACELYS 4270 W. 18TH LANE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, REYNALDO 4191 W. 18TH LANE HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEREDO, MARIO 4198 W. 18TH LANE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Maria Cendan 4260 W 18 CT Hialeah, FL. 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elvia Quevedo 4251 W 18 CT. Hialeah FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sonia Mourino 4201 W 19 ave Hialeah FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 617, 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 life empowered.

SIGNATURE: Avelino Barcia AVELINO BARCIA 4/27/06 3057773839
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #