


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # V07577
 1. Entity Name
SPRING PUBLISHING GROUP, INC.



Principal Place of Business Mailing Address
825 EGRET CIRCLE, SUITE A110 **825 EGRET CIRCLE, SUITE A110**
DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
CIVITA, CESAR M
3010 CANTERBURY DR
BOCA RATON FL 33498

4. FEI Number Applied For
65-0341628 Not Applicable

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

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CIVITA, CARLOS | |
| STREET ADDRESS | 3010 CANTERBURY DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CIVITA, CESAR M | |
| STREET ADDRESS | 3010 CANTERBURY DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CIVITA, CARLA | |
| STREET ADDRESS | 3010 CANTERBURY DR | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ECHEVERRY, OSCAR | |
| STREET ADDRESS | 825 EGRET CIRCLE #A110 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CIVITA, MIGUEL | |
| STREET ADDRESS | 3010 CANTERBURY DR | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | U00000046455 | |
| CITY-ST-ZIP | 02/12/04-80001-010 150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:  **(CARLOS CIVITA)** **2/3/04** **(161) 330 W03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #