


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 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 - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

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**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. 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		
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		
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 exemptions contained in Section 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: *[Signature]* **OSCAR ECHEVERRY** **3.24.8** **✓61 330 2503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #