

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90738 015 ***150.00

DOCUMENT # P01000074624	
1. Entity Name SPRING INTERNATIONAL GROUP CORPORATION	

Principal Place of Business 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021
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44031612

2. Principal Place of Business 18851 NE 29th Ave	3. Mailing Address 18851 NE 29th Ave
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State Aventura FL	City & State Aventura FL
Zip 33180	Country USA



03012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ROUSSO, MARK E 3440 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent Mark E Rouso	
Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave #900	
City Aventura	FL Zip Code 33180

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: Mark Rouso DATE: 04/15/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MIZRAHI, MARCOS R 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SZPEKMAN, CESAR M 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave #900 Aventura FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave #900 Aventura FL 33180
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 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: Mizrahi DATE: 03/15/04 P.B.E.S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR