2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P04000087219

Entity Name: A PALM SPRING INTERNATIONAL INSTITUTE OF COSMETIC SURGERY, INC.

Current Principal Place of Business:

1490 W. 49TH PL., #208
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1490 W. 49TH PL., #208
HIALEAH, FL 33012

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASO, CLARA M
17600 SW 59TH CT.
SW RANCHES, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CASO, CLARA
Address: 17600 SW 59TH CT.
City-St-Zip: SW RANCHES, FL 33331

Title: VD ( ) Delete
Name: FLORES, VICTOR H
Address: 5445 COLLINS AVE.
City-St-Zip: MIAMI BCH, FL 33140

Title: SD ( ) Delete
Name: ESPINOZA, WILLIAM
Address: 1140 W. 50TH ST., SUITE 202
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASO, CLARA M
Address: 17600 SW 59TH CT.
City-St-Zip: SW RANCHES, FL 33331

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA M. CASO PD 06/30/2005

Electronic Signature of Signing Officer or Director Date