

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State

05-01-2006 90355 001 ***150.00

07-20-2006 90001 018 ***150.00

DOCUMENT # P04000087219

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



Principal Place of Business
**1490 W. 49TH PL., #208
HIALEAH, FL 33012**

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



07142006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1309374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CASO, CLARA M
STREET ADDRESS 17600 SW 59TH CT.
CITY-ST-ZIP SW RANCHES, FL 33331

TITLE VD ☐ Delete
NAME FLORES, VICTOR H
STREET ADDRESS 5445 COLLINS AVE.
CITY-ST-ZIP MIAMI BCH, FL 33140

TITLE SD ☐ Delete
NAME ESPINOZA, WILLIAM
STREET ADDRESS 1140 W. 50TH ST., SUITE 202
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 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: *Clara M. Caso* **CLARA M CASO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-14-2006 827-1703
Date Daytime Phone #

(305)