

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90002 038 ***150.00

DOCUMENT # P06000091907					
1. Entity Name SSPRING INC					
Principal Place of Business 8810, HARDING AVENUE SURFSIDE, FL 33154 US			Mailing Address 8810, HARDING AVENUE SURFSIDE, FL 33154 US		
2. Principal Place of Business - No P.O. Box # 2652 NW 21 TERR		3. Mailing Address 2652 NW 21 TERR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 38-3738103	
Zip 33142		Country DADE		Applied For Not Applicable	
Zip 33142		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAIN, MALIKA 8810 HARDING AVENUE SURFSIDE, FL 33154			7. Name and Address of New Registered Agent Name KAPIL K JAIN Street Address (P.O. Box Number is Not Acceptable) 8810 HARDING AVE City SURFSIDE FL 33154		
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 <i>[Signature]</i> 8/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAIN, MALIKA 8810 HARDING AVENUE SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KAPIL K JAIN 8810 HARDING AVE SURFSIDE, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/22/08 <small>Date</small>		305-633-3279 <small>Daytime Phone #</small>