


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90315 010 \*\*\*150.00

<b>DOCUMENT # P96000021211</b> 1. Entity Name SPRING LOVE INC. CLOTHING FOR ALL OCCASIONS					
Principal Place of Business WESTLAND MALL 1675 W. 49TH ST HIALEAH, FL 33021 US			Mailing Address WESTLAND MALL 1675 W. 49TH STREET HIALEAH, FL 33021 US		
2. Principal Place of Business		3. Mailing Address 13196 SW 49ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIRAMAR			
City & State		City & State FLORIDA			
Zip	Country	Zip 33027	Country USA	4. FEI Number 65-0645273	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CONCEPCION, ROBERTO 13196 S.W. 49TH CT MIRAMAR, FL 33027			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 13196 SW 49 COURT City MIRAMAR FL Zip Code 33027		
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: <u>Robert L. Concepcion</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>14-21-05</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONCEPCION, ROBERTO 13196 SW 49 CT. MIRAMAR, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	13196 SW 49 COURT MIRAMAR FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: <u>Robert L. Concepcion</u>		Date: <u>104-21-05/305 554-7646</u>			