## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 28, 2006 8:00 am Secretary of State 08-28-2006 90003 031 \*\*\*150.00

DOCUMENT # P97000045020  1. Entity Name SPRING FASHION, INC.						08-28-200	0 90003 031	130.00
Principal Place	e of Business	Mailing Address	Mailing Address				<u>.</u>	
1323 NE 163RD ST N MIAMI BEACH, FL 33162		1323 NE 163RD ST N MIAMI BEACH, FL 33162			B (814 180) 88) 8814 8814	5002		
2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08092006			
City & State		City & State		4. FEI Number Applied For 65-0756162 Not Applied be				
Zip	Country	Zip	p Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
LEE, JIN KOO								
7795 WES 75-2A	T FLAGLER STREET		Street Address		(P.O. Box Number is Not Acceptable)			
MIAMI, FL	33144							
			Ì	City			FL Zip Co	ide
8. The above named entity supplits 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, typod or printed name of registored agont and Life if applicable. (NOTE: Reg stored Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Finan Trust Fund Contribution.					.00 May Be led to Fees	In accordance v corporation did	with s. 607.193(2)(b) not receive the prior	), F.S., the r notice.
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTO	
TIILE NAME	. ==		TITLE				☐ Change	Addition
STREET ADDRESS CHTY-ST-ZIP				T ADDRESS				
TITLE			TITLE	SI-ZIP			☐ Change	e
NAME			NAME				Grisings	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
TITLE			TITLE	-			☐ Change	Addition
NAME			NAME	l l				
STRUET ADDRESS CITY-ST-ZIP			CITY-:	T ADDRESS ST-ZIP				
IITLE		Delete	TITLE				Change	Addition
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CITY-ST-ZIP				ST-ZIP				
TITLE	**	☐ Delete	TATLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE NAME	•	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	الإراجيز			T ADDRESS				
CITY-ST-ZIP	<b>"</b> •		CITY-:	ST-ZIP				
12. I hereby of indicated	certify that the information supplied wi on this report or supplemental report	th this filing does not qualify to is true and accurate and that r	or the exer ny signatu	mptions contained are shall have the	d in Chapter 11 same legal effe	9. Florida Statutes. I ct as if made under o	further certify that the path; that I am an office	information er or director
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 a address, with all other like empowered.								
SIGNAT	URF:					8-2	2-06	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFIGER OR DIRECTOR  Date  Date  Date  Disputing Phone #								