2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000045020

1. Entity Name
SPRING FASHION, INC.

Principal Place of Business	Mailing Address
1323 NE 163RD ST N MIAMI BEACH, FL 33162	1323 NE 163RD ST N MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

04272007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0756162		Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, JIN KOO
7795 WEST FLAGLER STREET
75-2A
MIAMI, FL 33144

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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___*Jin K. Lee*___

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

4/10/07
DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LEE, JIN KOO
STREET ADDRESS	300 N.E. 191 STREET, #208
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000760872
05/25/07-80033-011 150.00

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IN THIS SPACE

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: ___*Jin K. Lee*___   4/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #