

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F87134

FILED
Feb 24, 2006
Secretary of State

Entity Name: V.I.P. INTERNATIONAL TRAVEL, INC.

Current Principal Place of Business:

4607 DOW COURT
FAYETTEVILLE, NC 28314

New Principal Place of Business:

Current Mailing Address:

1101 BRICKELL AVE SUITE 1700
C/O RAFAEL PENALVER
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-2211056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PENALVER, RAFAEL A
1101 BRICKELL AVE SUITE 1700
1700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PUIG, IRENE,
Address: 4607 DOW COURT
City-St-Zip: FAYETTEVILLE, NC 28314

Title: STD () Delete
Name: PUIG, VICTOR A.,
Address: 4607 DOW COURT
City-St-Zip: FAYETTEVILLE, NC 28314

Title: VD () Delete
Name: PENALVER, RAFAEL A.,
Address: 1101 BRICKELL AVE #1700
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: FONKE, CAROLINA (MUL, KAY)
Address: 424 GRAYLYN PLACE
City-St-Zip: FAYETTEVILLE, NC 28314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE N. PUIG

PRES

02/24/2006

Electronic Signature of Signing Officer or Director

_____ Date