

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 25 PM 2:06



01242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000116307</b> 1. Entity Name <b>FLORIDA VIP INVESTMENT &amp; CONSULTING COMPANY</b>		
Principal Place of Business <b>13370 SW 131 STREET 108 MIAMI, FL 33186</b>		Mailing Address <b>13370 SW 131 STREET 108 MIAMI, FL 33186</b>
2. Principal Place of Business <i>13190 SW 134 St. Suite, Apt. #, etc. E-2</i>	3. Mailing Address <i>13190 SW 134 St. Suite, Apt. #, etc. E-2</i>	
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>	4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip <i>33186</i> Country <i>DADE</i>	Zip <i>33186</i> Country <i>DADE</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>BARBARA, HERNANDEZ O 13370 SW 131 ST #108 MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <i>13190 SW 134 Street E2</i> Street Address (P.O. Box Number is Not Acceptable) <i>Miami, FL 33186</i> City <i>FL</i> Zip Code
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> _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE _____ NAME <b>BARBARA, HERNANDEZ O</b> <input type="checkbox"/> Delete STREET ADDRESS <b>4350 SW 158 AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL 33185</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>200065081862</b> STREET ADDRESS <b>02/02/06--01025--006</b> <b>**\$150.00</b> CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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> _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		