


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000004622  
 1. Entity Name  
 V.I.P. GROUP, CORP.



Principal Place of Business      Mailing Address  
 14850 SW 212 ST.      14711 SW 154 TERR  
 MIAMI, FL 33187 US      MIAMI, FL 33187 US

**DO NOT WRITE IN THIS SPACE**



01062004    No Chg-P    CR2E034 (10/03)

4. FCI Number      Applied For  
 65-0634339      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VAZQUEZ, ROSE D  
 14711 SW 154 TERR  
 MIAMI, FL 33187

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

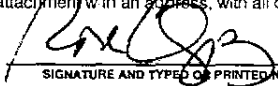
9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAZQUEZ, ROSE D 14711 SW 154 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MYRA, PENNA 14711 SW 154TH TERR MIAMI, FL 33187
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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:       2/16/4      (305) 255-0818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #