

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061087

Entity Name: V.I.P. VACATIONS, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

2180 W STATE RD 434, SUITE 4160
LONGWOOD, FL 32779

New Principal Place of Business:

2180 W STATE RD 434, SUITE 4160
SUITE 4160
LONGWOOD, FL 32779

Current Mailing Address:

2180 W STATE RD 434, SUITE 4160
LONGWOOD, FL 32779

New Mailing Address:

2180 W STATE RD 434, SUITE 4160
SUITE 4160
LONGWOOD, FL 32779

FEI Number: 59-3588083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, BONNIE S
2180 W STATE RD 434, SUITE 4160
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

FRIEDMAN, BONNIE S
2180 W STATE RD 434, SUITE 4160
SUITE 4160
LONGWOOD, FL 32779 US

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:

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FRIEDMAN, BONNIE
Address: 2180 W STATE RD 434, SUITE 4160
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE FRIEDMAN

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date