

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061087

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

FILED  
Feb 18, 2011  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
SUITE 4160  
LONGWOOD, FL 32779 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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: BONNIE FRIEDMAN

PRES

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date