


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

| | | | |
|--|--|---|------------------------------------|
| DOCUMENT # J20034 | |  | |
| 1. Entity Name VIP PROPERTY MANAGEMENT, INC. | | | |
| Principal Place of Business 525 S.E. 6TH AVE. DELRAY BCH., FL 33483 | Mailing Address 525 S.E. 6TH AVE. DELRAY BCH., FL 33483 | | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01122006 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 59-2717532 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fees Required |
| 6. Name and Address of Current Registered Agent MARK W. VLASEK 525 S.E. 6TH AVE. DELRAY BCH., FL 33483 | | DO NOT WRITE IN THIS SPACE | |
| | | | |
| 6. 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO VLASEK, MARK W. 3235 SHERWOOD BLVD DELRAY BCH., FL 33445 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD VLASEK, GAIL NARDIELLO 3235 SHERWOOD BLVD DELRAY BCH., FL 33455 | | |
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| 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:  GAIL N. VLASEK | | 3/2/06 | 561.276.7900 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |