2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005111

Entity Name: VIP ASSOCIATES & CO., INC.

FILED Mar 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16405 NW 25TH ST #4 MIAMI, FL 33054 **Current Mailing Address: New Mailing Address:** P.O.BOX 141234 CORAL GABLES, FL 33114 FEI Number: 20-0993733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HASBUN, OLGA 16405 NW 25TH ST #4 MIAMI, FL 33054 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HASBUN, OLGA Name: Name: Address: 16405 NW 25TH AVE #4 Address: City-St-Zip: MIAMI, FL 33054 ED City-St-Zip: Title: () Delete Title: () Change () Addition RODRIGUEZ, CARLOS Name: Name: Address: 7500 DAVIE ROAD EXT Address: City-St-Zip: HOLLYWOOD, FL 33024 B City-St-Zip: Title: () Delete Title: () Change () Addition COLEMAN, SANDRA Name: Name: 19245 NW 12TH AVE Address: Address: City-St-Zip: MIAMI, FL 33169 D City-St-Zip: Title: () Delete Title: () Change () Addition M Name: PAYNE, DENISE Name: Address: 1501 NE 12TH ST Address: City-St-Zip: FORT LAUDERDALE, FL 33304 B City-St-Zip: Title: () Delete Title: () Change (X) Addition BYRD, MARVIN J Name: Name: 5450 SW 38TH ST Address: Address: City-St-Zip: City-St-Zip: HOLLYWOOD, FL 33023

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA HASBUN ED 03/21/2008