

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005111

FILED
Apr 14, 2009
Secretary of State

Entity Name: VIP ASSOCIATES & CO., INC.

Current Principal Place of Business:

16405 NW 25TH ST #4
MIAMI, FL 33054

New Principal Place of Business:

16405 NW 25TH AVE
MIAMI, FL 33054

Current Mailing Address:

P.O.BOX 141234
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 20-0993733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASBUN, OLGA
16405 NW 25TH ST #4
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

HASBUN, OLGA
230 SALAMANCA AVE
12
MIAMI, FL 33134 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: OLGA HASBUN

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: HASBUN, OLGA
Address: 16405 NW 25TH AVE #4
City-St-Zip: MIAMI, FL 33054 ED

Title: D () Delete
Name: RODRIGUEZ, CARLOS
Address: 7500 DAVIE ROAD EXT
City-St-Zip: HOLLYWOOD, FL 33024 B

Title: D () Delete
Name: COLEMAN, SANDRA
Address: 19245 NW 12TH AVE
City-St-Zip: MIAMI, FL 33169 D

Title: M () Delete
Name: PAYNE, DENISE
Address: 1501 NE 12TH ST
City-St-Zip: FORT LAUDERDALE, FL 33304 B

Title: M () Delete
Name: BYRD, MARVIN J
Address: 5450 SW 38TH ST
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: HASBUN, OLGA
Address: PO BOX 141234
City-St-Zip: CORAL GABLES, FL 33114 ED

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

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

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

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 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

04/14/2009

Electronic Signature of Signing Officer or Director

Date