

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005111

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: VIP ASSOCIATES & CO., INC.

**Current Principal Place of Business:**

230 SALAMANCA AVE  
#12  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 141234  
CORAL GABLES, FL 33114

**New Mailing Address:**

PO BOX 141234  
CORAL GABLES, FL 33114

FEI Number: 20-0993733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HASBUN, OLGA  
230 SALAMANCA AVE  
12  
MIAMI, FL 33134 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: ED  
Name: HASBUN, OLGA  
Address: PO BOX 141234  
City-St-Zip: CORAL GABLES, FL 33114 US

Title: D  
Name: RODRIGUEZ, JULIO  
Address: 13941 SW 86 CT  
City-St-Zip: MIAMI, FL 33158 US

Title: D  
Name: LONGHINI, DOUGLAS  
Address: 5205 SW 141 AVE  
City-St-Zip: MIAMI, FL 33175 US

Title: D  
Name: CADENAS, IRWIN  
Address: 100 SE 2ND ST, GROUND LEVEL  
City-St-Zip: MIAMI, FL 33131 US

Title: D  
Name: LA ROSA, ROCIO  
Address: 8300 SW 150 AVE #106  
City-St-Zip: MIAMI, FL 33193

Title: M  
Name: ROBAINA, RAMON  
Address: 1199 NW 35 ST, #312  
City-St-Zip: HIALEAH, FL 33012

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

SIGNATURE: OLGA HASBUN

ED

04/29/2011

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

\_\_\_\_\_  
Date