


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90161 004 ***158.75

DOCUMENT # P00000086851	
1. Entity Name VIP INTERNATIONAL GROUP, INC.	

Principal Place of Business 4315 N.W. 7TH STREET SUITE 7 MIAMI, FL 33126	Mailing Address 4315 N.W. 7TH STREET SUITE 7 MIAMI, FL 33126
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2. Principal Place of Business 4315 NW 7 STREET Suite, Apt. #, etc. SUITE NO 6 City & State MIAMI Zip 33126 Country DADE	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1044052	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, RAUL JR 4315 N.W. 7TH STREET SUITE 7 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, CARLOS <input checked="" type="checkbox"/> Delete 2726 S.W. 30TH COURT MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S RAUL MARTIN JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2355 NW 9th STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, CARLOS D <input type="checkbox"/> Delete 2987 N.W. 4TH STREET MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMEN JULIA MICHELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2254 NW 2 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carlos Delgado *Carlos Delgado* 04/14/2005 (305)447-1737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #