2007 FOR PROFIT CORPORATION ANNUAL REPORT

VIP INTERNATIONAL GROUP, INC.

DOCUMENT # P00000086851

Principal Place of Business

4315 N.W. 7TH STREET

SUITE 6

MIAMI, FL 33126

Mailing Address

4315 N.W. 7TH STREET

SUITE 6

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33126



03102007

No Chg-P

CR2E034 (11/05)

FILED

Mar 12, 2007 08:00 AM Secretary of State

4. FEI Number 65-1044052 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, OLIVIA CARIDAD 6425 SW 32 ST

SIGNATURE:

DO NOT WRITE

MIAMI, FL 33155			IN THIS SPACE		
	named entity submits this statement for the poons of registered agent.	ourpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	of applicable. (NOTE, Registered	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin. Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE Name Street address City-St-Zip	PD VALDES, OLIVIA CARIDAD 6425 SW 32 ST MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000664312 03/22/07-80039-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			
12. I hereby indicated of the co changed	certify that the information at oplied with this don this report or supplemental apport is true reportation or the receiver or trystole empowers, or on an attachment with a didress, with a	filing does not qualify for the ext and accurate and that my signa to execute this report as requi	emptions c ture shall hared by Cha	ontained in Chapter 11 ave the same legal effe pter 607, Florida Statut	19. Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR