


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

5f.

05-26-2006 90016 006 ***150.00

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| DOCUMENT # P0100024755 | | | |  | |
| 1. Entry Name ACEVEDO VIP MANAGEMENT SERVICES, INC. | | | | | |
| Principal Place of Business 463 WEST 62 STREET MIAMI BEACH, FL 33140 | | Mailing Address 463 WEST 62 STREET MIAMI BEACH, FL 33140 | | | |
| 2. Principal Place of Business 90 Alton Road | | 3. Mailing Address 90 Alton Road | | | |
| Suite, Apt. #, etc. Townhouse #5 | | Suite, Apt. #, etc. Townhouse #5 | | | |
| City & State Miami Beach, Fl | | City & State Miami Beach, Fl | | 4. FEI Number 85-1085348 | |
| Zip 33139 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 5. Name and Address of Current Registered Agent ACEVIDO, NORA 463 WEST 82 STREET MIAMI BEACH, FL 33140 | | | 7. Name and Address of New Registered Agent Name Acavido, Nora Street Address (P.O. Box Number is Not Acceptable) 90 Alton Road, Townhouse #5 City Miami Beach FL Zip Code 33139 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reflecting)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS ACEVEDO, NORA 463 WEST 62 STREET MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS Acavido, Nora 90 Alton Road, Townhouse #5 Miami Beach, FL 33139 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small> | | | Date: 8/1/06 <small>Date</small> | | |