2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000109075

1. Entity Name
VIP ACCOUNTING.SERVICES, INC.

Principal Place of Business	Mailing Address
1111 KANE CONCOURSE #609 BAY HARBOR ISLANDS, FL 33154	1111 KANE CONCOURSE #609 BAY HARBOR ISLANDS, FL 33154

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01042005 Chg-P CR2E034 (10/03)
City & State	City & State	**4. FEI Number** 52-2358254 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIGUEROA, GLADYS 1111 KANE CONCOURSE #609 BAY HARBOR ISLANDS, FL 33154	Name *Gladys Blanco* Street Address (P.O. Box Number is Not Acceptable) *1111 Kane Concourse #609* City *Bay Harbor Islands* FL Zip Code *33154*

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 *Gladyn Blanco*   DATE *1/4/05*

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. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☒ Delete	TITLE	*PTD*	☐ Change	☒ Addition
NAME	FIGUEROA, GLADYS		NAME	*Gladys Blanco*		
STREET ADDRESS	1111 KANE CONCOURSE #609		STREET ADDRESS	*1111 Kane Concourse #609*		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP	*Bay Harbor Islands, FL 33154*		
TITLE	VSD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BLANCO, DENNIS C		NAME			
STREET ADDRESS	1111 KANE CONCOURSE #609		STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: *Gladyn Blanco*   *1/4/05*   *(305) 861-9500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #