2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113696

Entity Name: VIP STOP, INC.

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2758 U.S. 27S 2758 U.S. 27 SOUTH LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

Current Mailing Address: New Mailing Address:

2758 U.S. 27 SOUTH LAKE PLACID, FL 33852

FEI Number: 65-1164199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

REYES, NORMA KIBRIA, MOHAMMED G 143 MAGNOLIA LAKES BLD 21 HAWTHORNE LANE

PORT SAINT LUCIE, FL 34986 US BOYNTON BEACH, FL 33426 US

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: MOHAMMED G. KIBRIA 04/12/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 REYES, NORMA
 Name:
 KIBRIA, MOHAMMED G

 Address:
 143 MAGNOLIA LAKES BLD
 Address:
 21 HAWTHORNE LANE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986
 City-St-Zip:
 BOYNTON BEACH, FL 33426

Title: D (X) Delete Title: () Change () Addition

 Name:
 REYES, NORMA
 Name:

 Address:
 2758 U.S. 27S
 Address:

 City-St-Zip:
 LAKE PLACID, FL 33852
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 PORTILLO, JUAN
 Name:

 Address:
 2758 U.S. 27S
 Address:

 City-St-Zip:
 LAKE PLACID, FL 33852
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMED G. KIBRIA PRES 04/12/2008