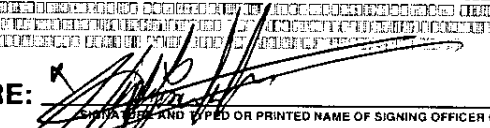


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90259 006 ***150.00

DOCUMENT # P03000047949 1. NAME OF CORPORATION VIP UNLIMITED INC.																	
PRINCIPAL PLACE OF BUSINESS 401 OCEAN DRIVE SUITE 909 MIAMI, FL 33139				MAILING ADDRESS 401 OCEAN DRIVE SUITE 909 MIAMI, FL 33139													
2. Principal Place of Business 555 NE 15th St Suite, Apt. #, etc. 16K		3. Mailing Address 555 NE 15th St Suite, Apt. #, etc. 16K															
City & State Miami FL Zip 33132 Country DADE		City & State Miami FL Zip 33132 Country DADE		01262004 Chg-P CR2E034 (10/03) 4. CORPORATE ID 01-0783326													
5. ADDITIONAL FEE REQUIRED ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HAMDAN, HABIB 401 OCEAN DRIVE SUITE 909 MIAMI, FL 33139													
7. Name and Address of New Registered Agent NAME _____ ADDRESS _____ CITY _____ STATE FL ZIP _____				8. CORPORATE ID _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. ADDITIONAL FEE REQUIRED ☐ \$5.00 May Be Added to Fees		10. LIST OF OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE _____ NAME HABIB HAMDAN STREET ADDRESS 555 NE 15th St CITY-STATE-ZIP Miami FL 33132 </td> <td style="width:50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="padding: 2px;">TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____</td><td style="padding: 2px;">☐ Delete</td></tr> </table>		TITLE _____ NAME HABIB HAMDAN STREET ADDRESS 555 NE 15th St CITY-STATE-ZIP Miami FL 33132	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete
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