2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 05, 2007 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P03000047949	
1. Entity Name	
VIP UNLIMITED INC.	



Principal Place of Business

Mailing Address

555 NE 15TH ST MIAMI, FL 33132 555 NE 15TH ST MIAMI, FL 33132



DO NOT WRITE IN THIS SPACE

04182007	No Chg-P	CR2	E034 (11/05)
4. FEI Number			Applied For
01-0783	326		Not Applicable
5. Certificate of Status Desired			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMDAN, HABIB 401 OCEAN DRIVE SUITE 909 MIAMI, FL 33139

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D HAMDAN, HABIB 555 NE 15TH ST MIAMI, FL 33132				U00000765905 06/05/07-80002-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in ⁻	THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental poport is trud 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 a higher essential chapter like empowered.							

RINTED NAME OF SIGNING OFFICER OR DIRECTOR