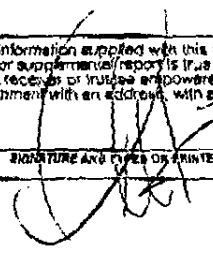


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000069972		
1. Entity Name V.I.P. IMPERIAL, INC.		
Principal Place of Business 3360 SW 139TH AVE. MIAMI, FL 33175		Mailing Address 3360 SW 139TH AVE. MIAMI, FL 33175
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent GATTAMORTA, ARMANDO 3360 SW 139 AVENUE MIAMI, FL 33175		4. FCI Number 16-1676105 Applied For No Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 of agent or principal name of registered agent and IRS # (if applicable) (NOTE: Registered Agent signature required when rechartering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD GATTAMORTA, ARMANDO 3360 SW 139 AVENUE MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 112, 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 records 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:  <u>ARMANDO GATTAMORTA</u> 4/26/06 (786) 312-5312 SIGNATURE AND TYPE OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		