


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2008 8:00 am
Secretary of State

02-14-2008 90015 042 ***150.00

DOCUMENT # P04000028606	
1. Entity Name V.I.P. INVESTORS INC.	

Principal Place of Business 65-12 SW 39TH STREET DAVIE FL 33314 US	Mailing Address 65-12 SW 39TH STREET DAVIE FL 33314 US
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2. Principal Place of Business - No P.O. Box # 6512 SW 39th St.	3. Mailing Address 6512 SW 39th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAVIE, FL	City & State DAVIE, FL
Zip 33314	Zip 33314
Country US	Country US

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SANDOVAL, RITCHIE 6512 SW 39TH STREET DAVIE FL 33314	Name Ritchie Sandoval
	Street Address (P.O. Box Number is Not Acceptable) 6512 SW 39th St.
	City DAVIE
	State FL
	Zip Code 33314

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 _____ DATE _____
Signature, typed or printed name of registered agent and is applicable. (NOTE: Registered Agent signature required when restructuring)

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANDOVAL, RITCHIE 6512 SW 39TH STREET DAVIE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MENDINA, RUBIELA 6512 SW 39TH STREET DAVIE FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ritchie Sandoval **02/02/08 (954) 771-2462**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time From