2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000037850

1. Entity Name
VIP PERSONAL JETS CORP.

FILED
Sep 03, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1388 SABAL PALM DR BOCA RATON, FL 33432	~~C/P GETTENBERG CONSULTING~~ 65 BROADWAY, 10TH FL NEW YORK, NY 10006

07312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0802970
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CIRILLO, JOSEPHINE PRES
1388 SABAL PALM DR
BOCA RATON, FL 33432

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MS.
NAME	CIRILLO, JOSEPHINE PRES
STREET ADDRESS	1388 SABAL PALM DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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09/03/08-80008-014 558.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Josephine Cirillo 8/29/08 212-825-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #