


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90047 001 ***300.00

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DOCUMENT # P04000133552	
1. Entity Name INVERSIONES VIPAPI, CORP.	

Principal Place of Business 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175	Mailing Address 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175
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2. Principal Place of Business 1200 Brickell Avenue Suite, Apt. #, etc. Suite 860 City & State Miami, FL Zip 33131 Country	3. Mailing Address 1200 Brickell Avenue Suite, Apt. #, etc. Suite 860 City & State Miami, FL Zip 33131 Country
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01042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-4610878 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175
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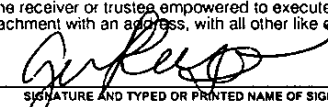
7. Name and Address of New Registered Agent Name: Peter M. Lopez, PA Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue Suite 860 City: miami FL Zip Code: 33131
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8. The above named entity submits this statement for the purpose of 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:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 3/31/06
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FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ANNA, GIUSEPPINA R 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALAZZOLO, MARIANO 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'Anna, Giuseppina R. 1200 Brickell Avenue, Suite 860 miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Palazzolo, Mariano 1200 Brickell Avenue, Suite 860 miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Director 3/31/06 Date Daytime Phone #