2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 08:00 A Secretary of State DOCUMENT # P05000000001 VMP HOSPITALITY INC. Principal Place of Business Mailing Address 151 NW 17 AVE 151 NW 17 AVE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2144533 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, MAHENDRA DO NOT WRITE 151 NW 17 AVE POMPANO BEACH, FL 33069 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D۶ PATEL, MAHENDRA NAME STREET ADDRESS 151 NW 17 AVE POMPANO BEACH, FL 33069 CITY-ST-ZIP TITLE U00000756834 NAME **05/23/07-80047-007 158.75** STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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 flustee 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND RINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-977-7411

Daytime Phone #

FILED

Date