

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000094319

1. Entity Name
V.I.P. MARKET, INC.



Principal Place of Business
201 NORTHWEST 6TH STREET
FORT LAUDERDALE, FL 33311

Mailing Address
201 NORTHWEST 6TH STREET
FORT LAUDERDALE, FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State

City & State

4. ECFI Number
20-5259/71
Applied For
Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name ADNAN KHALIL

Street Address (P.O. Box Number is Not Acceptable)

201 NW 6th St.

City Ft. Lauderdale FL Zip Code 33311

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 renewing)

DATE: X 05/08/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DPST
NAME: KHALIL, ADNAN
STREET ADDRESS: 201 NORTHWEST 6TH STREET
CITY-ST-ZIP: FORT LAUDERDALE, FL 33311

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

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

Delete

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

Change Addition

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

Change 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

X 05/08/07

Date Daytime Phone #

**FILED
Jun 18, 2007 8:00 am
Secretary of State**

05-22-2007 90013 036 ***150.00

66019245

