

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000101059

Entity Name: LOLISA'S V.I.P., INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4350 SW 56TH AVE
550
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4350 SW 56TH AVE
550
DAVIE, FL 33314

New Mailing Address:

FEI Number: 26-0889042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MBA, LOLISA C
4350 SW 56TH AVE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, MBA, LOLISA C
Address: 4350 SW 56TH AVE
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: MILLER, MBA, LOLISA C
Address: 4350 SW 56TH AVE
City-St-Zip: DAVIE, FL 33314

Title: TREA () Delete
Name: MILLER, MBA, LOLISA C
Address: 4350 SW 56TH AVE
City-St-Zip: DAVIE, FL 33314

Title: SEC () Delete
Name: MILLER, MBA, FLORENCE
Address: 4350 SW 56TH AVE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLISA C MILLER, MBA

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date