

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130154

Entity Name: VIP COSMETIC, INC.

FILED
Feb 25, 2008
Secretary of State

Current Principal Place of Business:

1015 CROSSPOINTE DR
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111389
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-1548656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFE, ANDREW T
1015 CROSSPOINTE DR
NAPLES, FL 34110 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: JAFFE, ANDREW MD
Address: 204 SAN MATEO DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VP () Change (X) Addition
Name: RITACCA, SARA A
Address: 17477 OLD HARMONY DRIVE #202
City-St-Zip: FORT MYERS, FL 33908 US

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: ANDREW JAFFE

VP

02/25/2008

Electronic Signature of Signing Officer or Director

Date