

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000130154

Entity Name: VIP COSMETIC, INC.

**FILED**  
**Mar 16, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JAFFE, ANDREW T MD  
Address: 204 SAN MATEO DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

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

I hereby 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 all other like empowered.

SIGNATURE: ANDREW T. JAFFE, MD

P

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date