## 2006 FOR PROFIT GORPORATION ANNUAL REPORT

## Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P96000033285 VIP PARTIES SOUTH, INC. Principal Place of Business Mailing Address 19911 DEAN DR 19911 DEAN DR BOCA RATON, FL 33434 BOCA RATON, FL 33434 03222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0659294 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JARO, LINDA 19911 DEAN DR DO NOT WRITE BOCA RATON, FL 33434 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstelling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE MAME JARO, LINDA U00000494698 19911 DEAN DR STREET ADDRESS 04/20/06-80056-010 150.0 CITY -S1 - ZVP BOCA RATON, FL 33434 DVT TITLE JARO, LEONARD NAME STREET ADDRESS 19911 DEAN DR CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 0.17-57-21P 7172 F

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12. Thereby certify that the information supplied with this filling 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 path, that I am an officer or directly 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

NAME STREET ADDRESS