


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90075 022 \*\*\*150.00

<b>DOCUMENT # P03000072182</b>			
1. Entity Name <b>VIP PROPERTY MANAGEMENT SPECIALISTS, INC.</b>			
Principal Place of Business 3536 NW 73 WAY CORAL SPRINGS FL 33065		Mailing Address 2531 ARAGON BLVD SUNRISE FL 33322	
2. Principal Place of Business <i>2531 Aragon Blvd</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Sunrise</i>		City & State	
Zip <i>33322</i>		Country <i>USA</i>	
4. FFI Number <i>04-3765965</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.</b> 1840 SW 22 ST-4 FLR MIAMI FL 33145		7. Name and Address of New Registered Agent <i>Tracy Schartman</i> Single Address (R.O. Box Number is Not Acceptable) <i>2531 Aragon Blvd</i> <i>Sunrise</i> <b>FL</b> Zip Code <i>33322</i>	
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: <i>Tracy Schartman</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restoring) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GELLER, ELAINE B 3536 NW 73 WAY CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Schartman, Tracy</i> <i>2531 Aragon Blvd</i> <i>Sunrise FL 33322</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GELLER, IRWIN B 3536 NW 73 WAY CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Tracy Schartman</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>5/19/04 981748682</i> <small>Date Daytime Phone #</small>	

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MOORE CR2E034 (11/03)