## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H52669

Entity Name: VERSAILLES BAKERY INC.

FILED Apr 06, 2009 Secretary of State

 3663 SW 8TH ST
 3663 SW 8TH ST

 THIRD FLOOR
 THIRD FLOOR

 MIAMI, FL 331354124
 MIAMI, FL 33135

Current Mailing Address: New Mailing Address:

 3663 SW 8TH ST
 3663 SW 8TH ST

 THIRD FLOOR
 THIRD FLOOR

 MIAMI, FL 331354124
 MIAMI, FL 33135

FEI Number: 65-0375816 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALLS, FELIPE A.

3663 SW 8TH ST

THIRD FLOOR

MIAMI, FL US

VALLS, FELIPE A JR.

3663 SW 8TH ST

THIRD FLOOR

MIAMI, FL 33135 US

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: FELIPE A. VALLS JR. 04/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

City-St-Zip:

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

Name: VALLS, FELIPÉ A JR Name:

 Address:
 3663 SW 8TH STREET 3RD FLOOR
 Address:

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:

Title: S () Delete Title: VP (X) Change () Addition

Name: VALLS, FELIPE A SR Name: VALLS TORNES, LETICIA
Address: 3663 SW 8TH STREET 3RD FLOOR Address: 3663 SW 8TH STREET 3RD FLOOR

Address: 3663 SW 8TH STREET 3RD FLOOR Address: 3663 SW 8TH STREET 3RD FLOOR City-St-Zip: MIAMI, FL 33135

Sity-3-21p. WIAWI, 1 E 33133

 Title:
 ( ) Delete
 Title:
 S ( ) Change (X) Addition

 Name:
 Name:
 VALLS EDWARDS, JEANNETTE

 Address:
 Address:
 3663 SW 8TH STREET

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.

City-St-Zip:

MIAMI, FL 33135

SIGNATURE: FELIPE A. VALLS JR. P 04/06/2009