2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000000160

1. Entity Name
VERSAILLES LIGHTING INC.

Principal Place of Business	Mailing Address
1295 SW 4TH AVE DELRAY BEACH, FL 33444	1295 SW 4TH AVE DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

02142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-3136421	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUEDJ, MAX
5713 VINDELA PLATA CIRCLE
DELRAY BEACH, FL 33434

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000030217
02/26/08-80076-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	GUEDJ, MAX
STREET ADDRESS	5713 VIA DELA PLATA CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33434
TITLE	ST
NAME	LOCKE, MAURINE
STREET ADDRESS	3935 BLACKSTONE AVE.
CITY-ST-ZIP	BRONX, NY 10471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: _____   Feb 15, 08   988-567-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #