2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # J21685

1. Entity Name
DEFRANCE GALLERY, INC.

Principal Place of Business	Mailing Address
11395-A PALMETTO PARK RD. WEST BOCA RATON, FL 33428	11395-A PALMETTO PARK RD. WEST BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

01122008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2702652

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENNESSEY, LYNNE K
370 W. CAMINO GARDENS BLVD.
BOCA RATON, FL 33432

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

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

000000785987
01/17/08-80023-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEFRANCESCO, PHILIP
STREET ADDRESS	10648 OAK LAKE W
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	OV
NAME	MATTHEWS, HENRY
STREET ADDRESS	10648 OAK LAKE W
CITY ST-ZIP	BOCA RATON, FL 33498
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	

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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: Henry Matthews HENRY MATTHEWS 1-14-08 561-487-0655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #