

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000059611

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: VERSALLES ENTERPRISES, INC.

## Current Principal Place of Business:

7855 SW 66 STREET  
MIAMI, FL 33143

## New Principal Place of Business:

1827TP1CO C/O NORA RIANI-LLANO  
7801 NW 37THST.  
MIAMI, FL 33166

## Current Mailing Address:

7855 SW 66 STREET  
MIAMI, FL 33143

## New Mailing Address:

1827TP1CO C/O NORA RIANI-LLANO  
P.O. BOX 02-5512  
MIAMI, FL 33102-55 12

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORDOBA, ANDRES  
7855 SW 66 STREET  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

CORDOBA, ANDRES MD  
1827TP1CO C/O NORA RIANI-LLANO  
7801 NW 37THST.  
MIAMI, FL 33166 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: ANDRES CORDOBA

01/18/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CORDOBA, ANDRES  
Address: 7855 SW 66 STREET  
City-St-Zip: MIAMI, FL 33143

Title: VPD ( ) Delete  
Name: RIANI, NORA  
Address: 7855 SW 66 STREET  
City-St-Zip: MIAMI, FL 33143

Title: SD ( ) Delete  
Name: CORDOBA, JULIO  
Address: 7855 SW 66 STREET  
City-St-Zip: MIAMI, FL 33143

Title: TD ( ) Delete  
Name: CORDOBA, RODRIGO  
Address: 7855 SW 66 STREET  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: ZARAMA, HERNAN  
Address: 7855 SW 66 STREET  
City-St-Zip: MIAMI, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CORDOBA, ANDRES  
Address: AVENIDA 5 AN 23-46 (CLINICA VERSALLES)  
City-St-Zip: CALI, VA 00000 CO

Title: VPD (X) Change ( ) Addition  
Name: RIANI, NORA  
Address: AVENIDA 5 AN 23-46 (CLINICA VERSALLES)  
City-St-Zip: CALI, VA 00000 CO

Title: SD (X) Change ( ) Addition  
Name: CORDOBA, JULIO  
Address: AVENIDA 5 AN 23-46 (CLINICA VERSALLES)  
City-St-Zip: CALI, VA 00000 CO

Title: TD (X) Change ( ) Addition  
Name: CORDOBA, RODRIGO  
Address: AVINIDA 5 AN 23-46 (CLINICA VERSALLES)  
City-St-Zip: CALI, VA 00000 CO

Title: D (X) Change ( ) Addition  
Name: ZARAMA, HERNAN  
Address: AVENIDA 5 AN 23-46 (CLINICA VERSALLES)  
City-St-Zip: CALI, VA 00000 CO

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ANDRES CORDOBA

PD

01/18/2007

Electronic Signature of Signing Officer or Director

Date