

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050398

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: DE VERSAILLES BANQUET HALL, INC.

**Current Principal Place of Business:**

3706 W 12TH AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3706 W 12TH AVE  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-1106632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DIAZ, HUMBERTO  
153 WEST 21ST STREET  
HIALEAH, FL 33010      US

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

ACOSTA, DISNARDA C  
3706 W 12 AVE  
HIALEAH, FL 33012      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: DISNARDA C. ACOSTA      04/14/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DIAZ, HUMBERTO  
Address: 226 WEST 34TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete  
Name: SANCHEZ, NEIL  
Address: 5761 NW 111TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: S ( ) Delete  
Name: ACOSTA, DISNARDA C  
Address: 5761 NW 111TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: T ( ) Delete  
Name: DIAZ, YUDINIS  
Address: 226 W 34TH STREET  
City-St-Zip: HIALEAH, FL 33012

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

Title: PD (X) Change ( ) Addition  
Name: ACOSTA, DISNARDA  
Address: 3607 W 12 AVE  
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DIAZ, HUMBERTO  
Address: 226 W 34 ST  
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DISNARDA C. ACOSTA      PD      04/14/2009  
Electronic Signature of Signing Officer or Director      Date