


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90193 003 ***150.00

DOCUMENT # P04000037599	
1. Entity Name VERSAILLES SUPERMARKET, INC.	

Principal Place of Business 3900 HOLLYWOOD BLVD #103 HOLLYWOOD, FL 33021	Mailing Address 3900 HOLLYWOOD BLVD #103 HOLLYWOOD, FL 33021
--	--

2. Principal Place of Business 3425 Collins Avenue	3. Mailing Address 3425 Collins Avenue
Suite, Apt. #, etc. C-10	Suite, Apt. #, etc. C-10
City & State Miami Beach, Fl	City & State Miami Beach, Fl
Zip 33140	Country Miami-Dade

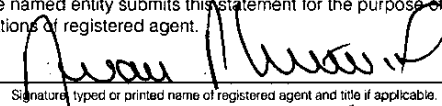


02182005 Chg-P CR2E034 (10/03)

4. FEI Number 13-4276144	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent FEDER, LAWRENCE H 3900 HOLLYWOOD BLVD #103 HOLLYWOOD, FL 33021	
--	--

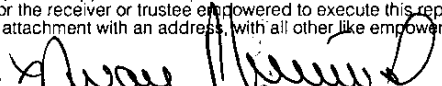
7. Name and Address of New Registered Agent Name Juan C Suarez Street Address (P.O. Box Number is Not Acceptable) 3425 Collins Avenue C-10 City Miami Beach FL Zip Code 33140	
---	--

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 02/22/2005

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, JUAN C 3425 COLLINS AVENUE MIAMI BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Suarez, Maria Eugenia Young 3425 Collins Avenue C-10 Miami Beach, Fl 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	JUAN C. SUAREZ 02/22/2005 786-285-2395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	