


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P99000037508 |  |
| 1. Entity Name VICTORIA DE LILLE, INC. | |

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| Principal Place of Business 1655 PALM BEACH LAKES BLVD SUITE #900 WEST PALM BEACH, FL 33401 | Mailing Address 1655 PALM BEACH LAKES BLVD SUITE #900 WEST PALM BEACH, FL 33401 |
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04172008 No Chg-P CR2E034 (11/05)

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|--|---------------------------------------|
| 4. FEI Number 65-0926001 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ZARETSKY, RICHARD P
 1655 PALM BEACH LAKES BLVD.
 SUITE 900
 WEST PALM BEACH, FL 33401

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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 _____ (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

U00000908398
 05/06/08-80028-006 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ZIELINSKI, MERRILEE 2 HARVARD CIRCLE, SUITE 400 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BURKO, ELLIOTT J 245 FIFTH AVE., #1900 NEW YORK, NY 100168728 |
| 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: Merrilee Zielinski MERRILEE ZIELINSKI 4/17/08 561-478-5204

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