

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000060586

Entity Name: V.L.R.E., INC.**Current Principal Place of Business:**2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134**Current Mailing Address:**2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134**FEI Number:** 27-0559800**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD	Title	CEO, DIRECTOR
Name	RAMCHANDANI, LACHMAN	Name	RAMCHANDANI, VIJAY
Address	RAINBOW RIDGE GOODWOOD PARK	Address	195 RAINBOW RIDGE GODDWOOD PARK
City-State-Zip:	CARENAGE	City-State-Zip:	CARENAGE

I hereby 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 all other like empowered.

SIGNATURE: RAMCHANDANI , LACHMAN

PD

04/20/2023

Electronic Signature of Signing Officer/Director Detail_____
Date