

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000095871

**Entity Name:** LALCHANDANI P.A.

**Current Principal Place of Business:**

25 SE 2ND AVENUE  
SUITE 1020  
MIAMI, FL 33131

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC1079949682**

**Current Mailing Address:**

25 SE 2ND AVENUE  
SUITE 1020  
MIAMI, FL 33131 US

**FEI Number:** 45-3757701

**Certificate of Status Desired:** No

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

LALCHANDANI, KABIR AESQ.  
25 SE 2ND AVENUE  
SUITE 1020  
MIAMI, FL 33131 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            P  
Name            LALCHANDANI, KABIR AESQ.  
Address        25 SE 2ND AVENUE  
                  SUITE 1020  
City-State-Zip: MIAMI FL 33131

*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:** KABIR A. LALCHANDANI

**PRESIDENT**

**01/15/2015**

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Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_

Date