

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000060586

Entity Name: V.L.R.E., INC.

FILED  
Mar 15, 2010  
Secretary of State

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 27-0559800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAMCHANDANI, LACHMAN  
Address: 195 RAINBOW RIDGE, GOODWOOD PARK  
City-St-Zip: CARENAGE, TRINIDAD,

Title: VPD  
Name: RAMCHANDANI, VIJAY  
Address: 195 RAINBOW RIDGE, GOODWOOD PARK  
City-St-Zip: CARENAGE, TRINIDAD,

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: LACHMAN RAMCHANDANI

PD

03/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date