

2015 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
Name RAMCHANDANI, LACHMAN
Address RAINBOW RIDGE
GOODWOOD PARK
City-State-Zip: CARENAGE

Title VPD
Name RAMCHANDANI, VIJAY
Address 195 RAINBOW RIDGE
GODDWOOD PARK
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: LACHMAN RAMCHANDANI

MGRM

04/24/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date