

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000042666

**Entity Name:** VOURNEAUX, INC.

**Current Principal Place of Business:**

590 MADISON AVENUE  
FLOOR 21  
NEW YORK, NY 10022

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC2062141267**

**Current Mailing Address:**

590 MADISON AVENUE  
FLOOR 21  
NEW YORK, NY 10022 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	CHMN	Title	PRES
Name	JAHIM, VOURNEAUX	Name	JAHIM, VOURNEAUX
Address	590 MADISON AVENUE, FLOOR 21	Address	590 MADISON AVENUE, FLOOR 21
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022

*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: VOURNEAUX JAHIM**

**CHAIRMAN**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date