

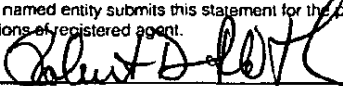
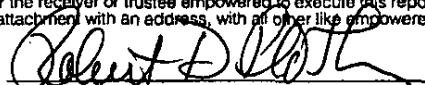


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-16-2004 90049 023 ***150.00

DOCUMENT # P00000081545 1. Entity Name FLOR-SOURCE ENTERPRISES NO. 2, INC.					
Principal Place of Business 6601 LYANS ROAD BAY 5 POMPANO BEACH FL 33073				Mailing Address 8888 SW 129 TERRACE MIAMI FL 33176	
2. Principal Place of Business 6601 LYONS ROAD		3. Mailing Address 6601 LYONS ROAD		<div style="font-size: 1.2em;">00400040</div> <div style="font-size: 1.2em;">94010010</div>  <div style="font-size: 0.8em;">MOORE CR2E034 (11/03)</div>	
(Suite) Apt. #, etc. B-5		(Suite) Apt. #, etc. B-5			
City & State COCONUT CREEK, FL		City & State COCONUT CREEK, FL			
Zip 33073		Zip 33073			
Country USA		Country USA		4. FEI Number 65-1037047	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PLOTKIN, ROBERT D. 8888 SW 129 TERRACE MIAMI FL 33176				7. Name and Address of New Registered Agent Name PLOTKIN, ROBERT D. Street Address (P.O. Box Number is Not Acceptable) 8475 SE GOVERNORS WAY City HOBE SOUND FL Zip Code 33455	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ROBERT D. PLOTKIN 2/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME <input type="checkbox"/> Delete PLOTKIN, ROBERT D STREET ADDRESS 8888 SW 129 TERRACE CITY-ST-ZIP MIAMI FL 33176			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition PLOTKIN, ROBERT D STREET ADDRESS 8475 SE GOVERNOR'S WAY CITY-ST-ZIP HOBE SOUND, FL 33455		
TITLE NAME <input type="checkbox"/> Delete ROSEN, RICHARD S STREET ADDRESS 7730 NW 63RD WAY CITY-ST-ZIP PARKLAND FL 33087			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition ROSEN, RICHARD S STREET ADDRESS 3751 NW 71ST STREET CITY-ST-ZIP COCONUT CREEK, FL 33073		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  ROBERT D. PLOTKIN 2/6/04 772-546-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					