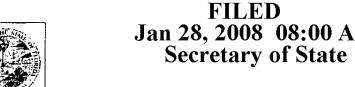
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P00000081545



FLOR-SOURCE ENTERPRISES NO. 2, INC.						50	ecreta	iry o	State
Puncipal Place of Business 6601 LYONS ROAD B-5 B-5 COCONUT CREEK FL 33073		Mailing Arldress 6601 LYONS ROAD B-5 B-5 COCONUT CREEK FL 33073							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1100);;	1136, ESSE EIGHT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st N	MOORE	CR2E034	(10/07)		
City & State		City & State			4. FEi Number	65-103704	17	<u> </u>	oplied For of Applicable
Zıp	Country	Z:p	Country	·	5. Certificate of	Statuc Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered /	Agent	
PLOTKIN, ROBERT D 8475 SE GOVERNORS WAY HOBE SOUND FL 33455				Name Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	le
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corp. in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE									
Signature, typed or trained hadron of right land about and the Elempicación. (NOTE Registred Agor Legindum required when remediating to DATE.									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9	Flection Cam Trust Fund Co	**		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CI	HANGES TO OF	FICERS AND	DIRECTOR	\$ IN 11
	D PLOTKIN, ROBERT D 8475 SE GOVERNORS WAY HOBE SOUND FL 33455	□ Ce-cte	TITLE NAME STREET ADDRES CITY-ST-ZIP	\$	02	U0000080 /05/08-80	13552 1030-016	□ Change 1 150.0(Addition
	D ROSEN, RICHARD S 3751 NW 71ST STREET COCONUT CREEK FL 33073	□ Devele	TITLE NAME STREET ADORES CITY-ST-289	s				☐ Change	noduttA 🔲
HITEL NAME STREET ADDRESS CITY-ST-ZIP		☐ De-ste	THE NAME STREET ADDRES CITY-SI-ZIP	Ş			······································	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Derete	TITLE NAME STREET ADDRES CITY-SI-ZIP					☐ Change	☐ Addition
TITUE NAME STREET ADDRESS CITY-ST-ZIP		□ De°ete	THEE NAME STREET ADDRESS CHY-ST-ZIP	S		at.		□ Change	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 ball, 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: Lichard & Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lra

Day no Francis