2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081545

- 44 N

Entity Name: FLOR-SOURCE ENTERPRISES NO. 2, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
601 LYOI 3-5	NS ROAD B-	5		
-	T CREEK, FL	33073		
Current Mailing Address:		New Mailing Address:		
3-5 COCONU	T CREEK, FL	33073		
El Number	: 65-1037047	FEI Number Applied For ()	FEI Number Not Applicat	ole () Certificate of Status Desired ()
lame and	l Address of	Current Registered Agent:	Name and Ad	Idress of New Registered Agent:
	OVERNORS UND, FL 334			
		submits this statement for the	ourpose of changing its r	egistered office or registered agent, or bot
n the State	e of Florida.	submits this statement for the	purpose of changing its r	egistered office or registered agent, or bot
the State	e of Florida. ** RE:	submits this statement for the particles of Registered Ag		egistered office or registered agent, or bot Date
n the State	e of Florida. RE: Electro			
n the State	e of Florida. RE: Electro	nic Signature of Registered Ag	ent	
n the State SIGNATUI SIection Car DFFICER: itle: lame: ddress:	e of Florida. RE: Electro mpaign Financii S AND DIREC D (PLOTKIN, RO	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete BERT D ERNORS WAY	ent	Date
n the State	e of Florida. RE: Electro mpaign Financi S AND DIREC D (PLOTKIN, RO 8475 SE GOV HOBE SOUND D (ROSEN, RICH 3751 NW 71S	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete BERT D ERNORS WAY 0, FL 33455) Delete IARD S	ent ADDITIONS/C Title: Name: Address:	Date CHANGES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT D. PLOTKIN PRES 01/05/2009