2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084058

Entity Name: TRES BELLE 2, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6464 BELLAMALFI ST. 912 E. BROWARD BLVD. BOCA RATON, FL 33496

FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

6464 BELLAMALFI ST 912 E. BROWARD BLVD. BOCA RATON, FL 33496

FORT LAUDERDALE, FL 33301

FEI Number: 20-5149969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LEVINE, JEFFREY A GORDON, ROBERT J 6751 NO. FEDERAL HIGHWAY 912 E. BROWARD BLVD.

BOCA RATON, FL 33487 US FORT LAUDERDALE, FL 33301 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: ROBERT GORDON 04/08/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GORDON, ROBERT J GORDON, ROBERT J Name:

Name: 6464 BELLAMALFI ST. 912 E. BROWARD BLVD. SUITE C Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: FORT LAUDERDALE, FL 33301

VPD () Delete Title: VPD (X) Change () Addition Title:

Name: GORDON, GARY Name: GORDON, GARY

6464 BELLAMALFI ST. 912 E. BROWARD BLVD. SUITE C Address: Address: BOCA RATON, FL 33496 FORT LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip:

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 GORDON PD 04/08/2009