

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90032 025 ***150.00

DOCUMENT # P93000069326

1. Entity Name

FLOR-SOURCE ENTERPRISES, INC.



Principal Place of Business

8888 SW 129 TERRACE
MIAMI FL 33176
US

Mailing Address

8888 SW 129 TERRACE
MIAMI FL 33176
US

2. Principal Place of Business

6601 LYONS ROAD

3. Mailing Address

6601 LYONS ROAD

Suite, Apt. #, etc.

B-5

Suite, Apt. #, etc.

B-5

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

4. FEI Number

65-0441900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLOTKIN, ROBERT
8888 SW 129 TERRACE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name PLOTKIN, ROBERT
Street Address (P.O. Box Number is Not Acceptable)

6601 LYONS RD., SUITE B-5

City COCONUT CREEK

FL

Zip Code
33073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PLOTKIN, ROBERT
STREET ADDRESS 8888 SW 129 TERRACE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PLOTKIN, ROBERT ☐ Change ☐ Addition
NAME
STREET ADDRESS 6601 LYONS STREET, SUITE B-5
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 Plotkin **ROBERT PLOTKIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04 (772) 546-9200
Date Daytime Phone #