

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38449

Entity Name: FLORES ENTERPRISE INC.**Current Principal Place of Business:**4290 LAKEVIEW DRIVE
SEBRING, FL 33870**Current Mailing Address:**P.O. BOX 7886
SEBRING, FL 33872 US**FEI Number:** 65-0257750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORES, NORA M
4290 LAKEVIEW DRIVE
SEBRING, FL 33870 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VSD
Name	FLORES, RALPH
Address	P.O. BOX 7886
City-State-Zip:	SEBRING FL 33872

Title	PTD
Name	FLORES, NORA M
Address	P.O. BOX 7886
City-State-Zip:	SEBRING FL 33872

Title	D
Name	FLORES, HENRY E
Address	P.O. BOX 7886
City-State-Zip:	SEBRING FL 33872

Title	D
Name	MCCALLUM, ANARELY D
Address	P.O. BOX 7886
City-State-Zip:	SEBRING FL 33872

I hereby 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 all other like empowered.

SIGNATURE: NORA M FLORES**PRESIDENT****01/07/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date