

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001648

FILED
Jul 09, 2009
Secretary of State

Entity Name: FEDERAL HOLDING REALTY LIMITED INC.

Current Principal Place of Business:

1550 DE MAISONNEUVE BLVD WEST
#1111
MONTREAL, QUEBEC H3G 1N2, XX XX

New Principal Place of Business:

Current Mailing Address:

1550 DE MAISONNEUVE BLVD WEST
#1111
MONTREAL, QUEBEC H3G 1N2, XX XX

New Mailing Address:

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

Name and Address of Current Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 E LAS OLAS BLVD
SUITE 1000
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ISSENMAN, GERALD
Address: 225 STANSTEAD, T.M.R.
City-St-Zip: QUEBEC H3R 1X4, XX XX

Title: VPD () Delete
Name: SIGLER, JUDY
Address: 58 HEATH PLACE
City-St-Zip: HAMPSTEAD, QUEBEC H3X 3L5, XX XX

Title: SD () Delete
Name: SIGLER, DAVID
Address: 2333 SHERBROOKE ST WEST, #1601
City-St-Zip: MONTREAL, QUEBEC H3H 2T6, XX XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GERALD ISSENMAN

PD

07/09/2009

Electronic Signature of Signing Officer or Director

_____ Date