

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000003324

1. Entity Name
 DESJARDINS FSB HOLDINGS, INC.



Principal Place of Business
 1001 EAST HALLANDALE BEACH BLVD.
 HALLANDALE, FL 33009

Mailing Address
 7800 W OAKLAND PARK BLVD
 BLDG 'G'
 SUNRISE, FL 33351 US



04102005 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0416808

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	D'AMOURS, ALBAN
STREET ADDRESS	1 COMPLEXE DESJARDINS #2822
CITY-ST-ZIP	MONTREAL, QUEBEC, CA
TITLE	SD
NAME	TARDIF, PIERRE
STREET ADDRESS	1 COMPLEXE DESJARDINS #2822
CITY-ST-ZIP	MONREAL, QUEBEC, CA
TITLE	V
NAME	GAGNE, ANDRE
STREET ADDRESS	1 COMPLEXE DESJARDINS #2822
CITY-ST-ZIP	MONTREAL, QUEBEC, CA
TITLE	V
NAME	LAVOIE, OLIVER
STREET ADDRESS	1 COMPLEXE DESJARDINS #2822
CITY-ST-ZIP	MONTREAL, QUEBEC, CA
TITLE	T
NAME	LANGELIER, JEAN-GUY
STREET ADDRESS	1 COMPLEXE DESJARDINS
CITY-ST-ZIP	MONREAL QUE, CA
TITLE	V
NAME	SHATSKOFF, ANDRE
STREET ADDRESS	1 COMPLEXE DESJARDINS #2822
CITY-ST-ZIP	MONTREAL, QUEBEC, CA

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 05/03/05-60129-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN GUY LANGELIER 4/2/05 954-791-8902

Date

Daytime Phone #