


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000003324 1. Entry Name DESJARDINS FSB HOLDINGS, INC.	
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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
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04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0416808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMOURS, ALBAN 1 CLOMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TARDIF, PIERRE 1 COMPLEXE DESJARDINS #2822 MONREAL, QUEBEC, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAGNE, ANDRE 1 COMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAVOIE, OLIVER 1 COMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGELIER, JEAN-GUY 1 COMPLEXE DESJARDINS MONREAL QUE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHATSKOFF, ANDRE 1 COMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CA

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05/08/06-80071-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date: 4/24/06 Daytime Phone #: 954-749-8802