

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 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**

DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

000000915652
 05/09/08-80023-011 150.00

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

DO NOT WRITE IN THIS SPACE

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:  **JEAN GUY LANGELIER** 4/18/08 954-749-8802

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #