2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003324

Entity Name: DESJARDINS FSB HOLDINGS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			Now Prin	New Principal Place of Business:		
1001 EAST	HALLANDA	LE BEACH BLVD.	New Fill	cipal Flace of Busiliess.		
HALLANDA	ALE, FL 3300	09				
Current Mailing Address:			New Mail	New Mailing Address:		
7800 W OAKLAND PARK BLVD BLDG 'G'						
SUNRISE, FL 33351 US						
FEI Number: 65-0416808 FEI Number Applied For ()		FEI Number Not App	plicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above in the State		submits this statement for the pu	urpose of changing	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ager	nt	Date		
Election Cam	ıpaign Financiı	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D'AMOURS, A 1 CLOMPLEX MONTREAL, C SD (TARDIF, PIER	E DESJARDINS #2822 QUEBEC, CA) Delete :RE : DESJARDINS #2822	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P (X) Change () Addition LEROUX, MONIQUE F 1 COMPLEXE DESJARDINS #2822 MONTREAL, QC H5B1B3 CA S (X) Change () Addition SAMSON, CLEMENT 1 COMPLEXE DESJARDINS #2822 MONREAL, QC H5B1B3 CA		
Title: Name: Address: City-St-Zip: Title:	GAGNE, ANDI 1 COMPLEXE MONTREAL, C	DESJARDINS #2822 QUEBEC, CA) Delete	Title: Name: Address: City-St-Zip: Title:	T (X) Change () Addition MORIN, BRUNO 1 COMPLEXE DESJARDINS #2822 MONTREAL, QC H5B1B3 CA T (X) Change () Addition		
Name: Address: City-St-Zip:	LAVOIE, OLIV 1 COMPLEXE MONTREAL, (DESJARDINS #2822	Name: Address: City-St-Zip:	LAPIERRE, REJEAN 7800 W OAKLAND PARK BLVD #G-121 SUNRISE, FL 33351		
Title: Name: Address: City-St-Zip:	LANGELIER,	DESJARDINS	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SHATSKOFF,	DESJARDINS #2822	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: REJEAN LAPIERRE T 04/28/2009