2007 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # K80929 FEDERAL HOUSING CORPORATION Principal Place of Business Mailing Address 444 BRICKELL AVENUE 444 BRICKELL AVENUE SUITE 51-246 SUITE 51-246 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 65-0120444 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IBC FIDUCIARY INC **IBC FIDUCIARY INC** Street Address (P.O. Box Number is Not Acceptable) 100 S E SECOND ST 2315-A. 100 SE 2ND STREET, SUITE # 2222-A MIAMI, FL 33131 Zip Code 33131 City MIAMI 8. The above named entity submits this stagement 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 stgsal use reguted when reinstating) Signature, typed or printed name of re 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. STD P D AS Change Addition TITLE TITLE ☐ Delete PEREZ, G PEREZ, G NAME NAME 444 BRICKELL AVENUE # 51-246 STREET ADDRESS 444 BRICKELL AVE. #51-246 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 PAS 🛅 Delete ☐ Change Addition TITLE TITLE HENLEY, J NAME NAME STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE #51-246 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 PAS TITLE Change ☐ Addition TITLE ☐ Defete VP S WOLF, J. NAME WOLF, J NALE STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE 51-246 444 BRICKELL AVENUE # 51-246 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP viling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information shand accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplies with indicated on this report or supplemental each of the corporation or the receiver or trusted in changed, or on an attachment with an addingting.

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