

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

DOCUMENT # K80929

1. Entity Name  
FEDERAL HOUSING CORPORATION



07 NOV 30 PM 4:09

Principal Place of Business  
444 BRICKELL AVENUE  
SUITE 51-246  
MIAMI, FL 33131

Mailing Address  
444 BRICKELL AVENUE  
SUITE 51-246  
MIAMI, FL 33131

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RB 11-30-07



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0120444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IBC FIDUCIARY INC  
100 SE 2ND ST  
SUITE #2222-A  
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PDAS  
STREET ADDRESS PEREZ, G  
CITY-ST-ZIP 444 BRICKELL AVE. #51-246  
MIAMI, FL 33131 ☒ Delete

TITLE  
NAME P AS  
STREET ADDRESS PEREZ, G.  
CITY-ST-ZIP 444 BRICKELL AVE # 51-246  
MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE  
NAME VPS  
STREET ADDRESS WOLF, J  
CITY-ST-ZIP 444 BRICKELL AVE 51-246  
MIAMI, FL 33131 ☐ Delete

TITLE  
NAME D VPS  
STREET ADDRESS WOLF, J.  
CITY-ST-ZIP 444 BRICKELL AVE # 51-246  
MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*J Wolf*

Nov. 1, 2007