
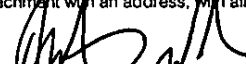


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90037 038 ****61.25

DOCUMENT # N42249 1. Entity Name FEDERATION HOLDINGS, INC.					
Principal Place of Business 5890 S PINE ISLAND ROAD DAVIE, FL 33328				Mailing Address 5890 S PINE ISLAND ROAD DAVIE, FL 33328	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03162005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0245073				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEINBAUM, MARTIN 5890 S PINE ISLAND ROAD DAVIE, FL 33328			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTOR, DANIEL D		NAME	Weisberg, Gail	
STREET ADDRESS	8411 LAGOS DE CAMPO		STREET ADDRESS	4100 Galt Ocean Dr	
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP	Fort Laud, FL 33308	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN, RICHARD		NAME		
STREET ADDRESS	2520 LAGUNA TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENHALGH, PHYLLIS		NAME		
STREET ADDRESS	2353 SW 132 WAY		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BERNARD		NAME		
STREET ADDRESS	5010 NOB HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBAUM, MARTIN P		NAME		
STREET ADDRESS	12330 NW 77TH MANOR		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 33076		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, RICKY		NAME		
STREET ADDRESS	5010 NOB HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 			MARTIN WEINBAUM 3-16-05 954 252 6916		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		