
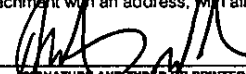


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 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			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 _____ <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</small>		<small>Daytime Phone #</small>			