

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 20, 2006 08:00-AM
Secretary of State

DOCUMENT # P00000096287

1. Entity Name
FEDERAL PARTNERSHIP HOLDINGS, INC.



Principal Place of Business
**14200 NW 57TH AVE
HIALEAH, FL 33014**

Mailing Address
**14200 NW 57TH AVE
HIALEAH, FL 33014**



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4528081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REVITZ, MARK
14200 NW 57TH AVE
HIALEAH, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REVITZ, MARK
10665 NE QUAYBRIDGE CT
MIAMI, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REVITZ, JANICE
10130 W BROADVIEW DR
BAY HARBOR ISLAND, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/02/06-80122-025 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK REVITZ 4/17/06 (305) 821-1421

Date

Daytime Phone #