. ... 2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P00000096287

FEDERAL PARTNERSHIP HOLDINGS, INC.



FILED Apr 20, 2007 08:00 A Secretary of State

Principal Place of Business

14200 NW 57TH AVE HIALEAH, FL 33014

Mailing Address

14200 NW 57TH AVE HIALEAH, FL 33014

e distribuita de la filipia de la filipi



04172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-4528081

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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. 1 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. NAME REVITZ MARK STREET ADDRESS 10665 NE QUAYBRIDGE CT CITY-ST-ZIP

MIAMI, FL 33138 D TITLE NAME REVITZ, JANICE 10130 W BROADVIEW DR STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 Shapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #