

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P95000079657**

1. Entity Name  
**FEDER HOMES CORP.**



Principal Place of Business  
**15622 SW 74 PLACE  
MIAMI, FL 33157 US**

Mailing Address  
**P.O. BOX 560157  
MIAMI, FL 33256 US**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3344868**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MULLINS, PAMELA  
15622 SW 74 PLACE  
MIAMI, FL 33157**

**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	PSD
NAME	FEDER, STUART
STREET ADDRESS	6661 GRANDE ORCHID WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	TD
NAME	FEDER, JUDITH
STREET ADDRESS	6661 GRANDE ORCHID WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	VPAS
NAME	MULLINS, PAMELA
STREET ADDRESS	15622 SW 74 PLACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000383358  
01/12/06-80050-003 158.75

**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 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

Date

Daytime Phone #

**1/9/06 305 232 9196**