


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2005 8:00 am
Secretary of State


08-01-2005 90024 046 ***150.00

DOCUMENT # 628646 1. Entity Name ALL DADE MORTGAGE CORPORATION					
Principal Place of Business 2012 HOLLYWOOD BLVD SUITE C HOLLYWOOD FL 33020 US			Mailing Address P.O. BOX 7 HALLANDALE FL 33008		
2. Principal Place of Business 844 E. Ocean Blvd.			3. Mailing Address Suite, Apt. #, etc. Suite D		
City & State Stuart, Florida			City & State City & State		
Zip 34994		Country Martin		Zip Country	
4. FEI Number 59-1923653			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 MORANO, JAMES 2012 HOLLYWOOD BLVD SUITE C HOLLYWOOD FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 844 E. Ocean Blvd., Suite D City Stuart FL Zip Code 34994		
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 <u><i>James Morano</i></u> (NOTE: Registered Agent signature required when reinstating) <u><i>7/27/05</i></u> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MORANO, JAMES 2012 HOLLYWOOD BLVD. SUITE C HOLLYWOOD FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. Box 7 Hallandale, Fl. 33008
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: <u><i>James Morano</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James Morano			<u><i>7/27/05</i></u> 305-785-6959 DATE Daytime Phone # 305-682-1934		



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• P.O. BOX 7 HALLANDALE, FL 33008
Cell: (305) 785-6959 •


James Morano, President

Encls. (2)