FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90131 050 ***150.00

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1. Entity Name
ALL DADE MORTGAGE CORPORATION

DO NOT WRITE IN THIS SPACE

40082075

CR2E034B (8/05)

2. Principal Place of Business	3. Mailing Address
3500 Mystic Pointe Dr.	P. O. Box 7
Suite, Apt. #, etc. #1006	Suite, Apt. #, etc.
City & State: Aventura, Fl.	City & State: Hallandale, Fl.
Zip: 33180 Country: Dade	Zip: 33008 Country: Broward

4. FEI Number: 59-1923653 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	James Morano
STREET ADDRESS	P. O. Box 7
CITY-ST-ZIP	Hallandale, Fl. 33008
TITLE	VSD
NAME	Stella Morano
STREET ADDRESS	P. O. Box 7
CITY-ST-ZIP	Hallandale, Fl. 33008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: James Morano 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #