

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-02-2004 90071 047 ***300.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 24033704 03-04



MOORE CR2E034 (11/03)

DOCUMENT # 628646

1. Entity Name
ALL DADE MORTGAGE CORPORATION



Principal Place of Business
1274 NW 7TH ST
MIAMI FL 33125
US

Mailing Address
1274 NW 7TH ST
MIAMI FL 33125
US

2. Principal Place of Business
2012 Hollywood Blvd.

Suite, Apt. #, etc.
SUITE C

City & State
Hollywood, FL

Zip
33020

Country
USA

3. Mailing Address
P.O. Box 7

Suite, Apt. #, etc.
HALLANDALE

City & State
FL

Zip
33008

Country
USA

4. FEI Number **59-1923653**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORANO, JAMES
1274 NW 7TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2012 Hollywood Blvd.

Suite, Apt. #, etc.
SUITE C

City
Hollywood, FL

Zip Code
33020

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]* **3/30/04**

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, 2004 Fee will be \$550.00
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		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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORANO, STELLA 2012 HOLLYWOOD BLVD. SUITE C HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *[Signature]* **3/30/04** **62-305-785-6959**
Signature and typed or printed name of signing officer or director Date Daytime Phone #