


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90055 023 ***150.00

DOCUMENT # 628646	
1. Entity Name ALL DADE MORTGAGE CORPORATION	

DO NOT WRITE IN THIS SPACE

40129628 ✓

CR2E034B (8/05)

2. Principal Place of Business 3500 Mystic Pointe Dr.		3. Mailing Address 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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name James Morano	
Street Address (P.O. Box Number is Not Acceptable) 3500 Mystic Pointe Dr., #1006	
City Aventura	Zip Code FL 33180

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  **James Morano, Pres.** 8/16/07
(NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD James Morano P. O. Box 7 Hallandale, Fl. 33008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Stella Morano P. O. Box 7 Hallandale, Fl. 33008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **James Morano, President** (8/16/07)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **305-785-6959**

ALL DADE MORTGAGE CORP ATTACHMENT

3500 Mystic Pointe Dr., #1006, Aventura, Fl. 33180

JAMES MORANO
MORTGAGE BROKER

40129628
#628646

August 16, 2007

Annual Report
Division of Corporations
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:

Enclosed please find check in the amount of \$150.00 for corporate annual report fee.

We did not receive a renewal notice or form.

Please waive late fee.

Sincerely,

ALL DADE MORTGAGE CORP.


James Morano, President

JM:sm

Encls. (2)