


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90476 035 ***150.00

DOCUMENT # P02000128549 1. Entity Name DORLETTE MORTGAGE COMPANY, INC.					
Principal Place of Business 1900 W COMMERCIAL BLVD STE NO 101 FORT LAUDERDALE, FL 33309			Mailing Address 1900 W COMMERCIAL BLVD STE NO 101 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 1900 W Commercial Blvd Suite, Apt. #, etc. #119		3. Mailing Address Suite, Apt. #, etc. #119			
City & State Fort Lauderdale		City & State Fort Lauderdale			
Zip 33309		Country FLA		Zip 33309	
4. FEI Number 13-4225149				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUIS, MYRLENE J 1900 W COMMERCIAL BLVD STE NO 101 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name STEPHANIE GRAHAM Street Address (P.O. Box Number is Not Acceptable) 1900 W Commercial Blvd #119 City Fort Lauderdale FL Zip Code 33309		
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] DATE 4-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PCEO MYRIENE, JEAN-LOUIS 1900 W COMMERCIAL BLVD STE NO 101 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCEO STEPHANIE GRAHAM 1900 W Commercial Blvd #119 Fort Lauderdale FLA 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS MYRIENE, JEAN-LOUIS 1900 W COMMERCIAL BLVD STE NO 101 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BAEO RODRIGUEZ, CLIFTON H CPA 3146 NW 68 STREET STE NO 1 FORT LAUDERDALE, FL 333091206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-27-06 Daytime Phone # 954-7334515		

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