

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90085 003 \*\*\*158.75

**DOCUMENT # P02000128549**

1. Entity Name  
**DORLETTE MORTGAGE COMPANY, INC.**



Principal Place of Business  
**1900 W COMMERCIAL BLVD  
SUITE 119  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**1900 W COMMERCIAL BLVD STE NO 101  
FORT LAUDERDALE, FL 33309**

40014113



2. Principal Place of Business - No P.O. Box #  
**1900 W Commercial Blvd**

3. Mailing Address  
**1900 W Commercial Blvd**

Suite, Apt. #, etc.  
**31**

City & State  
**Fort Lauderdale, FL**

Zip  
**33309**

Country  
**USA**

02082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**13-4225149**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, STEPHANIE  
1900 W COMMERCIAL BLVD  
SUITE 119 31  
FORT LAUDERDALE, FL 33309**

7. Name and Address of New 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

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, 2007 Fee will be \$550.00**

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

**PCEO  
MYRIENE, JEAN-LOUIS  
1900 W COMMERCIAL BLVD STE NO 101  
FORT LAUDERDALE, FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TS  
MYRIENE, JEAN-LOUIS  
1900 W COMMERCIAL BLVD STE NO 101  
FORT LAUDERDALE, FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**BAEO  
RODRIGUEZ, CLIFTON H CPA  
3146 NW 68 STREET STE NO 1  
FORT LAUDERDALE, FL 333091206**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VCEO  
GRAHAM, STEPHANIE  
1900 WEST COMMERCIAL BLVD SUITE 119  
FORT LAUDERDALE, FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STE NO 31**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STE NO 31**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STE NO 31**

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CITY-ST-ZIP

☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

954 733-4515

Daytime Phone #