

FILED

Apr 09, 2005 08:00 AM  
Secretary of State

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P35488	
1. Entity Name DORAL MORTGAGE CORPORATION	



Principal Place of Business 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 00920-2717 PR	Mailing Address P.O. BOX 71528 SAN JUAN, P.R., 00936-8628 PR
---	--



**DO NOT WRITE IN THIS SPACE**

03222005	No Chg-P	CR2E034 (10/03)
4. FEI Number 66-0365296	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MENDEZ, SERGIO L ESQ. 801 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES, FL 33134
--

**DO NOT WRITE IN THIS SPACE**

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 revoting)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VELEZ, EDISON 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENENDEZ, RAUL 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA-MUNICH, FERNANDO 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717
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**

U00000295134  
04/09/05-80015-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 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: <u>Edison Velez</u>	03/21/05	187-474-6501
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Edison Velez, Chief Executive Officer	<small>Date</small>	<small>Daytime Phone #</small>