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MELENZ

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**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90056 005 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P35488</b>		
1. Entity Name <b>DORAL MORTGAGE CORPORATION</b>		

Principal Place of Business <b>1451 ROOSEVELT AVENUE SAN JUAN, P.R., 00920-2717</b>	Mailing Address <b>P.O. BOX 71528 SAN JUAN, P.R., 00936-8628</b>
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40106696



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>66-0365296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MELENZ, SERGIO L ESQ.  
1500 SAN REMO AVENUE  
SUITE 290  
CORAL GABLES, FL 33146**

**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 reinstating)


**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	<b>CEO Calixto García-Vélez 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Marangal I. Domingo 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Enrique R. Ubarri 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: 

**LCDO. ENRIQUE R. UBARRI**

**4/24/07 (787) 474-6380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #