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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

DOCUMENT # P35488 1. Entity Name DORAL MORTGAGE CORPORATION	
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Principal Place of Business 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 00920-2717	Mailing Address P.O. BOX 71528 SAN JUAN, P.R., 00936-8628
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DO NOT WRITE IN THIS SPACE

40106696



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 66-0365296	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

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

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

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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 #