

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P35488**

1. Entity Name  
**DORAL MORTGAGE CORPORATION**



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**



02052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>66-0365296</b>	Applied For 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**

**MENDEZ, 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 \_\_\_\_\_

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, 2008 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 GARCIA-VELEZ, CALIXTO 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MARANGAL, DOMINGO I 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UBARRI, ENRIQUE R 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	

000000939161  
05/28/08-80016-015 150.00

**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:** \_\_\_\_\_

**Enrique R. Ubarri, Esq.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2008

(787) 474-6380

Date

Daytime Phone #