


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Apr 18, 2005 8:00 am
Secretary of State**

04-18-2005 90318 013 ***150.00

DOCUMENT # P98000062206
1. Entity Name
FORMULA MORTGAGE CORPORATION



Principal Place of Business
**3600 S.STATE ROAD 7
30
MIRAMAR, FL 33023**

Mailing Address
**17822 NW 15TH STREET
PEMBROKE PINES, FL 33029**

50037338



2. Principal Place of Business
3600 S. State Road 7

3. Mailing Address
18459 Pines Blvd.

Suite, Apt. #, etc.
#30

Suite, Apt. #, etc.
#166

04132005 Chg-P CR2E034 (10/03)

City & State
Miramar FL

City & State
Pembroke Pines FL

Zip
33023

Country
USA

Zip
33029

Country
USA

4. FEI Number
65-0850362

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BARRETT, FRAN R
4300 NORTH UNIVERSITY DRIVE
SUITE C-102
LAUDERHILL, FL 33351**

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 _____ DATE **4/12/05**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROLLE, DONALD 17822 NW 15TH ST PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rolle, Donald 18459 Pines Blvd. #166 Pembroke Pines FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donald Rolle, Donald Rolle DATE: 4/12/05 DAYTIME PHONE #: 754-581-3063

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