

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062206

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**Entity Name:** FORMULA MORTGAGE CORPORATION

**Current Principal Place of Business:**

3800 S. OCEAN DRIVE STE 222  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

18459 PINES BLVD #166  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

3800 S OCEAN DR. STE 222  
HOLLYWOOD, FL 33019

FEI Number: 65-0850362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRETT, FRAN R  
4300 NORTH UNIVERSITY DRIVE  
SUITE C-102  
LAUDERHILL, FL 33351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROLLE, DONALD  
Address: 18459 PINES BLVD #166  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ROLLE, DONALD  
Address: 3800 S OCEAN DR STE 222  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD ROLLE

DP

04/16/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date