


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90332 010 ****61.25

DOCUMENT # N02000003833
 1. Entity Name
PROFILES II HOMEOWNERS ASSOCIATION INC.



Principal Place of Business
**19451 SHERIDAN ST., #107
 PEMBROKE PINES, FL 33332**

Mailing Address
**19451 SHERIDAN ST., #107
 PEMBROKE PINES, FL 33332**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02062004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
38-3651494

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZMAN, KORR
 5581 N. OAKLAND PARK BLVD
 INVERRARY FINANCIAL CR
 FORT LAUDERDALE, FL 33313**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	P PINES, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	P. PINES, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Jorge Quinones	
STREET ADDRESS	18930 NW 22 street	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND Belanger	
STREET ADDRESS	18871 NW 22 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giama Jones	
STREET ADDRESS	18950 NW 22 STREET	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	Sonya Jones	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2100 NW 188 Terrace	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Bartolomeo	
STREET ADDRESS	1981 NW 188 Avenue	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helene Doyen	
STREET ADDRESS	18880 NW 19 Street	
CITY-ST-ZIP	Pembroke Pines FL 33029	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 (s) empowered.

SIGNATURE: Angela Jorge Quinones Date: 4/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #