


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90188 045 \*\*\*\*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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-3651494 <input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
KATZMAN & KORR, PA 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINONES, ANGELA JORGE		NAME	Graça Nesper	
STREET ADDRESS	18930 NW 22 ST.		STREET ADDRESS	1960 NW 188 Avenue	
CITY - ST - ZIP	PEMBROKE PINES, FL 33029		CITY - ST - ZIP	P. Pines FL 33029	
TITLE	* President	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELANGER, RAYMOND		NAME	Kimberley Thompson	
STREET ADDRESS	18871 NW 22 ST.		STREET ADDRESS	2150 NW 188 Terrace	
CITY - ST - ZIP	PEMBROKE PINES, FL 33029		CITY - ST - ZIP	P. Pines FL 33029	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOLOMEO, JIM		NAME		
STREET ADDRESS	1981 NW 188 AVE.		STREET ADDRESS		
CITY - ST - ZIP	P. PINES, FL 33029		CITY - ST - ZIP		
TITLE	* DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYEN, HELENE		NAME		
STREET ADDRESS	18880 NW 19 ST.		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33029		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.					
SIGNATURE: <u>James J. Bartolomeo</u>		NAME: <u>JAMES J. BARTOLOMEO</u>		Date: <u>01/09/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>954-433 5813</u>	