

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M33499

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** SQUARE ONE ASSOCIATES, INC.

**Current Principal Place of Business:**

290 NW 165TH STREET  
SUITE M-400  
MIAMI, FL 331696457 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 165539  
MIAMI, FL 331165539 US

**New Mailing Address:**

**FEI Number:** 65-0040656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROSSMAN, JEROME  
290 N.W. 165TH STREET (SUITE M-400)  
MIAMI, FL 33169 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

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: GROSSMAN, JEROME PRES.  
Address: 290 N.W. 165 STREET (SUITE M-400)  
City-St-Zip: MIAMI, FL 33169

Title: VP  
Name: SASSINE, KAREEN  
Address: 290 N.W. 165 STREET (SUITE M-400)  
City-St-Zip: MIAMI, FL 33169

I hereby 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 all other like empowered.

SIGNATURE: JEROME GROSSMAN

PRES

01/06/2012

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

\_\_\_\_\_  
Date