

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19902**

1. Entity Name  
**SQUARE ONE CONDOMINIUM ASSOCIATION II, INC.**



Principal Place of Business

10556 NW 26TH STREET  
D-203  
MIAMI, FL 33172 US

Mailing Address

10556 NW 26TH STREET  
D-203  
MIAMI, FL 33172 US



01072005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0058060</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

ARROM, ORLANDO  
10556 NW 26TH ST  
STE 203  
MIAMI, FL 33172

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ALARD, ENRIQUE
STREET ADDRESS	10556 NW 26TH ST #20
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD
NAME	LLAURADO, RAMON
STREET ADDRESS	10556 NW 26TH G-203
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	PTD
NAME	LAU, GORDON
STREET ADDRESS	29 SPRING ST APT 5
CITY-ST-ZIP	NEW YORK, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000195087  
01/26/05-80014-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

*R. Alard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05

Date

Daytime Phone #