


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90003 022 ****61.25

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																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		Zip																																																																																																													
Country		Country		4. FEI Number 65-0058060																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent ARROM, ORLANDO 10556 NW 26TH ST STE 203 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																													
Make check payable to Florida Department of State																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>ALARD, ENRIQUE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10556 NW 26TH ST #20</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>LLAURADO, RAMON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10556 NW 26TH G-203</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>PTD LAU, GORDON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>29 SPRING ST APT 5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	ALARD, ENRIQUE	<input type="checkbox"/>	STREET ADDRESS	10556 NW 26TH ST #20		CITY-ST-ZIP	MIAMI, FL 33172		TITLE	NAME	Delete	NAME	LLAURADO, RAMON	<input type="checkbox"/>	STREET ADDRESS	10556 NW 26TH G-203		CITY-ST-ZIP	MIAMI, FL 33172		TITLE	NAME	Delete	NAME	PTD LAU, GORDON	<input type="checkbox"/>	STREET ADDRESS	29 SPRING ST APT 5		CITY-ST-ZIP	NEW YORK, NY		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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 all other like empowered.																																																																																																																	
SIGNATURE: <u><i>A. Annadi</i></u> <div style="float: right; text-align: right;"> 2/27/06 Date </div>																																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																	