

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
08 FEB 25 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0058060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

900120811489

03/20/08 01016-006 **61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ALARD, ENRIQUE
10556 NW 26TH ST #20
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LLAURADO, RAMON
10556 NW 26TH G-203
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LAU, GORDON
29 SPRING ST APT 5
NEW YORK, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Ramon Llaurado - Director 2-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #