2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707034

FILED Feb 10, 2009 Secretary of State

Entity Name: JEFFERSONIAN CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business: 1698 JEFFERSON AVENUE MIAMI, FL 33139 **Current Mailing Address: New Mailing Address:** 1698 JEFFERSON AVENUE 1698 JEFFERSON AVENUE MIAMI, FL 33139 APT., 35 MIAMI BEACH, FL 33139 FEI Number: 59-1090796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PENA, ESTRELLA 1698 JEFFERSON AVE SUITE #35 MIAMI BCH, FL 33139 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PENA, ESTRELLA Name: Name: Address: 1698 JEFFERSON AVE #35 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TALAMAS, NAVIDAD Name: Address: 1698 JEFFERSON AVENUE, #32 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition PUJALS, RICK Name: Name: 1698 JEFFERSON AVE #42 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CAMARA, MABI Name: 1698 JEFFERSON AVE 7 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: (X) Delete Title: () Change () Addition SCHIFFER, EDWARD Name: Name: 1698 JEFFERSON AVE. #44 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARD, FRANK Name: Name: Address: 1698 JEFFERSON AVE 29 Address: MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTRELLA PEÑA TREA 02/10/2009