

FILED
Apr 24, 2008 8:00 am
Secretary of State

DOCUMENT # 742373
1. Entity Name
IONIAN PLAZA CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
110 SALAMANCA AVE	C/O GRIFFIN REALTY
CORAL GABLES, FL 33134	2050 CORAL WAY, #305
	MIAMI, FL 33145

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04032008 Chq-NP CR2E037 (12/06)

4. FEI Number	Applied For
59-1974499	Not Applicable

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

6. Name and Address of Current Registered Agent

RGRIFFIN REALTY, INC.
2050 CORAL WAY #305
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Make check payable to
Florida Department of State**


10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CREPSO, YOLONDA	
STREET ADDRESS	110 SALAMACA AVE #303	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	V	<input type="checkbox"/> Delete
NAME	ALVAREZ, RAFAEL	
STREET ADDRESS	110 SALAMANCA AVE. #306	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	S	<input checked="" type="checkbox"/> Deleted
NAME	BROWN, CORT	
STREET ADDRESS	110 SALAMANCA AVE #306	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	D	
NAME	PEDREIRA, CARMITA	
STREET ADDRESS	110 SALAMANCA AVE #402	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	D	<input type="checkbox"/> Delete
NAME	TRELLES, MARIA	
STREET ADDRESS	110 SALAMANCA AVE #301	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____