

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90061 030 ***550.00

DOCUMENT # F03000006405

1. Entity Name
IONIAN INVEST LTD., INC.



Principal Place of Business
**C/O BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA 10TH FLOOR
CORAL GABLES, FL 33134**

Mailing Address
**C/O BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA 10TH FLOOR
CORAL GABLES, FL 33134**

30062671



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0415892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COMPANY DIRECTORS LTD.
STREET ADDRESS	121 ALHAMBRA PLAZA 10TH FLOOR
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	COMPANY SECRETARIES LTD
STREET ADDRESS	121 ALHAMBRA PLAZA 10TH FLOOR
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 607, 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

15/2/05 +1345 949 5570

Date

Daytime Phone #