

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

03-31-2004 90031 014 ***150.00

DOCUMENT # P34902	
1. Entity Name LOEB \U.S.\ CORPORATION	

Principal Place of Business 923 N PENNSYLVANIA AVE WINTER PARK FL 32789	Mailing Address 923 N PENNSYLVANIA AVE WINTER PARK FL 32789
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 98-0059894		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHWART, CHARLES Z 923 N PENNSYLVANIA AVE WINTER PARK FL 32789		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LOEB, DONALD E. %22 ST. CLAIR AVE. EAST TORONTO,ONT.,CANADA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer ☒ Change ☐ Addition Beila Sherman 923 Pennsylvania Ave Winter Park 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOEB, DONALD E. %22 ST. CLAIR AVE. EAST TORONTO,ONT.,CANADA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOEB, LORRAINE FLORENCE %22 ST. CLAIR AVE. EAST TORONTO,ONT.,CANADA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, CHARLES 923 N PENNSYLVANIA AVE WINTER PARK FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEN, DAWN S. %22 ST. CLAIR AVE. EAST TORONTO,ONT.,CANADA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, MARVIN M. 923 N PENNSYLVANIA AVE WINTER PARK FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Beila Sherman **2/3/2004 407-628-8488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Beila Sherman, CPA, CA