

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P34902

1. Entity Name
LOEB U.S.A. CORPORATION



Principal Place of Business
923 N PENNSYLVANIA AVE
WINTER PARK, FL 32789

Mailing Address
923 N PENNSYLVANIA AVE
WINTER PARK, FL 32789



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

SCHWARTZ, CHARLES I
923 N PENNSYLVANIA AVE
WINTER PARK, FL 32789

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000910518
05/07/08 00034 004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	LOEB, DONALD E.
STREET ADDRESS	%22 ST. CLAIR AVE. EAST
CITY-ST-ZIP	TORONTO,ONT.,CANADA,
TITLE	T
NAME	LOEB, DONALD E.
STREET ADDRESS	%22 ST. CLAIR AVE. EAST
CITY-ST-ZIP	TORONTO,ONT.,CANADA,
TITLE	VS
NAME	LOEB, LORRAINE FLORENCE
STREET ADDRESS	%22 ST. CLAIR AVE. EAST
CITY-ST-ZIP	TORONTO,ONT.,CANDAA,
TITLE	V
NAME	SCHWARTZ, CHARLES
STREET ADDRESS	923 N PENNSYLVANIA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	V
NAME	ROSEN, DAWN S.
STREET ADDRESS	%22 ST. CLAIR AVE. EAST
CITY-ST-ZIP	TORONTO,ONT.,CANADA,
TITLE	V
NAME	SHAPIRO, MARVIN M.
STREET ADDRESS	923 N PENNSYLVANIA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789

**DO NOT WRITE
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 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

Date

Daytime Phone #

4/7/08

8009669993