


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # G68697  
 1. Entity Name  
 THE LOEWENTHAL AGENCY, INC.



Principal Place of Business 600 NE 36TH STREET 617 MIAMI, FL 33137 US	Mailing Address 600 NE 36TH STREET 617 MIAMI, FL 33137 US
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2338369	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent  
 SAICHEK, LAWRENCE A ESQ.  
 601 BRICKELL KEY DRIVE STE 505  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

000000883333  
 04/16/08-80077-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS LOEWENTHAL, LESLIE M. 600 NORTH EAST 36TH STREE STE 617 MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD LOEWENTHAL, LESLIE M. 600 NORTH EAST 36TH STREET STE 617 MIAMI, FL
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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 on the certificate of incorporation, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie Loewenthal Date: 4/12/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone