

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G68697

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE LOEWENTHAL AGENCY, INC.

Current Principal Place of Business:

600 NE 36TH STREET
617
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

600 NE 36TH STREET
617
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 59-2338369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAICHEK, LAWRENCE A ESQ.
601 BRICKELL KEY DRIVE STE 505
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LOEWENTHAL, LESLIE M.
Address: 600 NORTH EAST 36TH STREE STE 617
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: LOEWENTHAL, LESLIE M.
Address: 600 NORTH EAST 36TH STREET STE 617
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE LOEWENTHAL

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date