




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90280 007 ***158.75

DOCUMENT # H13311 1. Entity Name LOWELL HOMES, INC.	
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Principal Place of Business 80  SOUTHWEST 8TH STREET SUITE 1870 MIAMI, FL 33130 US	Mailing Address 80  SOUTHWEST 8TH STREET STE 1870 MIAMI, FL 33130 US
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94054594



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2446600	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAHN, S. LAWRENCE II 80TH SOUTHWEST 8TH STREET STE 1870 MIAMI, FL 33130

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KAHN, S L III 80TH SOUTHWEST 8TH STREET STE 1870 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRODY, LANI S 80 SW 8TH STREET STE 1870 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, ALBERT 80 SW 8TH ST, SUITE 1870 MIAMI, FL 33130
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:  Date: 4/12/04 (305) 577-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #