2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H13311

1. Entity Name LOWELL HOMES, INC.



Principal Place of Business

80 SOUTHWEST 8TH STREET **SUITE 1870** MIAMI, FL 33130 US

Mailing Address

80 SOUTHWEST 8TH STREET SUITE 1870 MIAMI, FL 33130 US

FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90184 035 ***158.75

quuor.



04162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2446600

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	τ				
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	" OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KAHN, S L III 80TH SOUTHWEST 8TH STREET STI MIAMI, FL	E 1870			
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		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR