

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13311

FILED
Apr 21, 2009
Secretary of State

Entity Name: LOWELL HOMES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2446600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAHN, S. LAWRENCE II
80TH SOUTHWEST 8TH STREET
STE 1870
MIAMI, FL 33130 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: DPS () Delete
Name: KAHN, S L III
Address: 80TH SOUTHWEST 8TH STREET STE 1870
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: DRODY, LANI S
Address: 80 SW 8TH STREET STE 1870
City-St-Zip: MIAMI, FL 33130

Title: VP () Delete
Name: COHEN, ALBERT
Address: 80 SW 8TH ST, SUITE 1870
City-St-Zip: MIAMI, FL 33130

Title: VP (X) Delete
Name: SMITH, MICHAEL
Address: 80 SW 4TH ST SUITE 1870
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: S. L. KAHN, III

DPS

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date