

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40908

FILED
Mar 02, 2005
Secretary of State

Entity Name: LOEWENSTEIN, INC.

Current Principal Place of Business:

1801 NORTH ANDREWS EXTENSION
POMPANO BCH., FL 33069

New Principal Place of Business:

1801 NORTH ANDREWS AVE.
POMPANO BEACH, FL 33069

Current Mailing Address:

1801 NORTH ANDREWS AVE
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-2504882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
C/O TRIVEST PARTNERS, L.P.
2665 SOUTH BAYSHORE DR SUITE 800
MIAMI, FL 33133 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: VP () Delete
Name: TORTORICI, VINCENT A.
Address: 160 VILLAGE ST
City-St-Zip: BIRMINGHAM, AL 35242

Title: DCEO () Delete
Name: ALBERTSON, BRUCE R
Address: 1801 NORTH ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: COB () Delete
Name: POWELL, EARL W
Address: 2665 S BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 331335462

Title: S () Delete
Name: KUFFNER, MARILYN
Address: 2665 S BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 331335462

Title: D () Delete
Name: KOEHN, ROBERT W
Address: 2665 S BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 331335462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CAO (X) Change () Addition
Name: TORTORICI, VINCENT A.
Address: 1801 NORTH ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: CEO (X) Change () Addition
Name: MALONE, JAMES R
Address: 1801 NORTH ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33069

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 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 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: VINCENT A. TORTORICI, JR.

CAO

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date