
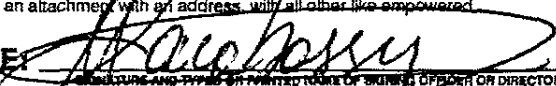


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000094788</b>		
1. Entity Name <b>LOUBEN, INC.</b>		
Principal Place of Business <b>3236 PROSPECT ST NW WASHINGTON, DC 20007</b>	Mailing Address <b>3236 PROSPECT ST NW WASHINGTON, DC 20007</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NATIONAL REGISTERED AGENTS, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32310</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARABASSIS, IRAKLIS 3236 PROSPECT STREET, N.W. WASHINGTON, DC 20007	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KARABASSIS, YASMINE 3236 PROSPECT STREET, N.W. WASHINGTON, DC 20007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PELEKANOS, LOUMAS 1301 HARBOR SLOE DRIVE WESPO, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR</small>		<b>4/20/04</b> <b>20233967257061</b> <small>Date Daytime Phone #</small>

**IRAKIS KARABASSIS**  
**PRESIDENT**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2270874**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

U00000127760  
04/26/04-800111-013 150.00