


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90190 010 ***150.00

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|--|--|---|--|--|---|
| DOCUMENT # P34908 1. Entity Name LOEB \U.S.\ PROPERTY CORPORATION | | | |  | |
| Principal Place of Business C/O AVANTI PROPERTIES GROUP 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 | | | Mailing Address C/O AVANTI PROPERTIES GROUP 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 98-0080167 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PCD LOEB, DONALD E. 22 ST. CLAIR AVE. EAST, SUITE 1700 TORONTO,ONT.,CANADA | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T LOEB, DONALD E. 22 ST CLAIR AVE EAST, SUITE 1700 TORONTO,ONT.,CANADA | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VS LOEB, LORRAINE FLORENCE 22 ST ALCIR AVE EAST, SUITE 1700 TORONTO,ONT.,CANADA | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V SCHWARTZ, CHARLES 923 N. PENNSYLVANIA AVE WINTER PARK FL 32789 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V ROSEN, DAWN 22 ST CLAIR AVE EAST, SUITE 1700 TORONTO,ONT.,CANADA | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V SHAPIRO, MARVIN M. 923 N PENNSYLVANIA AVE WINTER PARK FL 32789 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>X</i> <i>Barbara Sherman Beila Sherman</i> | | | | Date: 3-28-07 Daytime Phone #: 4076288488 | |