

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058421

FILED
Apr 21, 2004
Secretary of State

Entity Name: LOEWENSTERN PROPERTIES, INC.

Current Principal Place of Business:

3350 NW BOCARATON BLVD
STE A-26
BOCA RATON, FL 33431

New Principal Place of Business:

3350 NW BOCA RATON BLVD
STE A-26
BOCA RATON, FL 33431

Current Mailing Address:

2600 N MILITARY TR
STE 206
BOCA RATON, FL 33431

New Mailing Address:

3350 NW BOCA RATON BLVD
STE A-26
BOCA RATON, FL 33431

FEI Number: 65-0531047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOEWENSTERN, ELLIOT
3350 NW BOCA RATON BLVD
STE A-26
BOCA RATON, FL 33431 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: PST () Delete
Name: LOEWENSTERN, ELLIOTT
Address: 17308 WHITEHAVEN DR.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LOEWENSTERN, ELLIOTT
Address: 3350 BOCA RATON BLVD, A-26
City-St-Zip: BOCA RATON, FL 33431

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: ELLIOT LOEWENSTERN

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04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date