


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P95000064746 1. Entity Name LOEB INVESTMENTS, INC. |  |
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| Principal Place of Business 10 EDGEWATER DR 12F CORAL GABLES, FL 33133 US | Mailing Address 10 EDGEWATER DR 12F CORAL GABLES, FL 33133 US |
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| DO NOT WRITE IN THIS SPACE |
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07222004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0609788 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LOEB, EDWARD 10 EDGEWATER DR #12F CORAL GABLES, FL 33131 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOEB, EDWARD 10 EDGEWATER DR., #12F CORAL GABLES, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOEB, MELINDA 10 EDGEWATER DR., #12F CORAL GABLES, FL 33133 |
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| <p>U000000169016 08/02/04-80006-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

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| SIGNATURE: <u>Edward R Loeb</u> EDWARD R LOEB <u>7/29/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date | Daytime Phone # |
|--|------|-----------------|