


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000064746 -

1. Entity Name
LOEB INVESTMENTS, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 10 EDGEWATER DR 12F CORAL GABLES, FL 33133 US | 10 EDGEWATER DR 12F CORAL GABLES, FL 33133 US |



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000270182 03/19/05-80041-003 150.00 |
|---|--|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| 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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DO NOT WRITE IN THIS SPACE

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: *Edward R Loeb* 3/16/05 3054463388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #