2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000064746

1. Entity Name LOEB INVESTMENTS, INC.



Principal Place of Business

Mailing Address

10 EDGEWATER DR

10 EDGEWATER DR

12F

DO NOT WRITE IN THIS SPACE

CORAL GABLES, FL 33133 U

CORAL GABLES, FL 33133

FILED Apr 05, 2007 08:00 A Secretary of State



03272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0609788

Applied For Not Applicable

5. Certificate of Status Desired

\$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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	named entity submits this statement for the plons of registered agent.	purpose of changing its re-	gistered office or re	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, R	egistered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	
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-7IP	D LOEB, MELINDA 10 EDGEWATER DR., #12F CORAL GABLES EL 33133				U00000691532 04/13/07-80014-016 150.00

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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

SIGNATURE:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empowered.

1/1/07 305 446 3388XVI