


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000011478 1. Entity Name LOEB INTERNATIONAL DRIVE, INC.	
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Principal Place of Business C/O LOEB PARTNERS REALTY 521 FIFTH AVENUE, SUITE 2300 NEW YORK, NY 10175	Mailing Address C/O LOEB PARTNERS REALTY 521 FIFTH AVENUE, SUITE 2300 NEW YORK, NY 10175
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3931277	Applied For Not Applicable
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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

ROSEN, LAWRENCE N
2925 AVENTURA BOULEVARD
SUITE 308
AVENTURA, FL 33180

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000124978 04/22/04-80068-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESSER, JOSEPH S. 521 5TH AVE. NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, ALAN 521 5TH AVE. NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAUGHTON, GARY 521 5TH AVE. NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLD, STEVEN D. 521 5TH AVE. NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT MOSBERG, PHYLLIS 521 5TH AVE. NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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.

SIGNATURE: ALAN L. GORDON 4/13/04 212 583 0381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #