2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AF	3)	_ FILED
Entity Nan	•	Y '	4.9	Mar 05, 2007 08:00 A Secretary of State
LOXENN	MATT PROPERTIES INC.			Secretary of State
Principal Plac	ce of Business	Mailing Address		
5750 COLL APARTMEN MIAMI BEA		5750 COLLINS AVE APARTMENT 12E MIAMI BEACH FL 33	140	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & Stat	te	City & State		4. FEI Number 98-0098517 Applied For Not Applicable
Zip	Country	Zip	Country	5. Cortificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
BAI	RATZ, HAIM		Name	
5750 COLLINS AVE APARTMENT 12E			Street Ad	dross (P.O. Box Number is Not Acceptable)
MIA	AMI BEACH FL 33140		City	FL Zip Code
8. The above	named entity submits this statement fo	r the purpose of changing it	s rogistered office or 1	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	Segnature, typed or printer name of registered agent in	and tille r applicable (NO	TE. Registered Agont signatur	a required when retrestating) DATE
After	FILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
BUTE	D	☐ Delete	BILE	☐ Change ☐ Addition
NAMI STREET ADDRESS	BARATZ, HAIM 5750 COLLINS AVE #12E MIAMI BCH FL		NAME SIPETI ADDRESS	U00000654386
CITY SE-ZIP			CHY-SI ZIP	03/13/07-80060-011_150.00
TITLE NAME	}	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS	-		SIREET ADDRESS	
CITY ST 7IP	**************************************		CITY ST 7IP	
IIILE		Dalete	INE	☐ Change ☐ Addillon
NAME	age of the second		NAME	
SIRELLADDRESS CITY ST-ZIP			STRLET ADDRESS CHY St-ZIP	
				T 61.
HILL NAME	***************************************	Delete	TITLE	☐ Change ☐ ☐ Addition
SINFIT ADDRESS	V		SHEEL ADDRESS	
CITY-ST ZIP			CHY SI ZIP	
IIIII		Delete	IRIT	☐ Change ☐ Addition
NAM!			NAM!	
SIRTE LADDRESS CITY ST-71P			STREET ADORESS CHY SE-78P	
IIIT		☐ Delele	INT	☐ Change ☐ Addition
NAME CIDELT ADDRESS			NAME CITICLE ADDOCCE	
SIRGITADDRESS CITY SI ZIP			STREET ADDRESS CUTY ST ZUP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: