2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009599

7631 NW 47TH DR

CORAL SPRINGS, FL 33067

Address: City-St-Zip:

Entity Name: PHOENIX STORAGE MANAGEMENT CORPORATION

FILED Apr 25, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
500 N E SPANISH RIVER BLVD STE 106 BOCA RATON, FL 33431 US			600 W HILLSBORO BLVI	D		
				STE 220 DEERFIELD BEACH, FL	33441	US
Current Mailing Address:				New Mailing Address:		
500 N E SPANISH RIVER BLVD				600 W HILLSBORO BLVD		
STE 106 BOCA RAT	TON, FL 33431 US			STE 220 DEERFIELD BEACH, FL 33441 US		
FEI Number:	65-0380919	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificat	e of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FORMAN, ROBERT S 2101 WEST COMMERCIAL BLVD SUITE 4100 FT. LAUDERDALE, FL 33309 US The above named entity submits this statement for the purpose of				FORMAN, ROBERT S 2101 WEST COMMERCIAL BLVD SUITE 2800 FT. LAUDERDALE, FL 33309 US of changing its registered office or registered agent, or both		
in the State		·	•			
SIGNATURE: ROBERT S. FORMAN				04/25/2005		
	Electroni	Signature of Registered Age	ent			Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () RAVINSKY, SEY 7631 NW 47TH I CORAL SPRING	OR .		Title: () Name: Address: City-St-Zip:	Change() Addition
Title: Name: Address: City-St-Zip:	VP () I RYAN, RAVINSK 7631 NW 47TH I CORAL SPRING	OR .		Title: () Name: Address: City-St-Zip:	Change() Addition
Title: Name:	VP () I SYLVIA, RAVINS	Delete KY		Title: () Name:	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SEYMOUR RAVINSKY D 04/25/2005