


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90088 047 ***150.00

DOCUMENT # 248902 1. Entity Name A-1 FARGO VAN AND STORAGE, INC.	
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Principal Place of Business 7700 SW 100 ST MIAMI, FL 33156	Mailing Address 7700 SW 100 ST MIAMI, FL 33156
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04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0936451	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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROTH, HEIDI M P.A. 2511 PONCE DE LEON BLVD STE #320 CORAL GABLES, FL 33134
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**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALE, VIRGIL 7700 SW 100TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HALE, GARY 7700 SW 100 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WARD, TREVA 7700 SW 100 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIESEMER, BEVERLEY 7700 SW 100 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TORENO, BARBARA 7700 SW 100 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # _____