2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45742

FILED Jan 08, 2008 Secretary of State

Entity Name: PALMA CEIA AIR-CONDITIONED SELF-STORAGE, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
3225 SOU SUITE #13 FAMPA, F		AVENUE		
Current M	lailing Addre	ss:	New Mailing Addre	ess:
3225 SOU SUITE 135 FAMPA, F				
El Number	: 59-2980343	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	s of New Registered Agent:
	CLIFFORD ITH MACDILL	AVENUE		
	L 33629 US			
ΓΑΜΡΑ, F Γhe above	L 33629 US	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,
ΓΑΜΡΑ, F Γhe above	L 33629 US named entity e of Florida.			red office or registered agent, or both,
AMPA, F The above n the Stat	L 33629 US named entity e of Florida.	submits this statement for the		red office or registered agent, or both, Date
AMPA, Fine above the State	L 33629 US named entity of Florida. RE: Electro			
TAMPA, F The above n the Stat BIGNATU	L 33629 US named entity of Florida. RE: Electro	nic Signature of Registered Ag g Trust Fund Contribution().	ent	
TAMPA, F The above n the Stat BIGNATU	e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC P (MYERS, CLIFF	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete E MACDILL AVENUE	ent	Date
AMPA, F The above In the State BIGNATU Election Ca DFFICER Italiane: Lame: Laddress:	e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC P (MYERS, CLIFT 3225 SOUTH TAMPA, FL 32	nic Signature of Registered Ag g Trust Fund Contribution (). ETORS:) Delete MACDILL AVENUE 1629) Delete INON LL AVE	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: VP Name: BURNET	Date GES TO OFFICERS AND DIRECTOR () Change () Addition (X) Change () Addition T, SHANNON IACDILL AVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: SHANNON M. BURNETT SB 01/08/2008