


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90019 006 ***150.00

DOCUMENT # K96912

1. Entity Name
AERO SELF-STORAGE, INC.



Principal Place of Business
**C/O HARRIS BERGER
 3000 AVIATION BOULEVARD
 VERO BEACH, FL 32960**

Mailing Address
**3000 AVIATION BLVD
 VERO BEACH, FL 32960-1920 US**

400400



2. Principal Place of Business *C/o Berger*
521 Cypress Rd.
 Suite, Apt. #, etc.

3. Mailing Address *C/o Berger*
521 Cypress Rd.
 Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State
Vero Beach FL

City & State
Vero Beach FL

Zip
32963

Country

4. FEI Number
65-0148692

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BERGER, HARRIS
 521 CYPRESS ROAD
 VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent
 Name **Shirley Berger**
 Street Address (P.O. Box Number is Not Acceptable)
521 Cypress Rd
 City **Vero Beach FL** Zip Code **32963**

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 *Shirley M Berger* **Shirley M. Berger** **4.4.06**
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERGER, HARRIS 521 CYPRESS RD. VERO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shirley Berger 521 Cypress Rd. Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM BLACKMON, EVELYN J 3000 AVIATION BOULEVARD VERO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ellen Hynson 521 Cypress Rd. Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Beth Lieberman 1539 Clearbrook Sebastian FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Shirley M Berger* **Shirley M. Berger** **4.4.06** **772-231-5016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #