2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # M99697 03-21-2006 90013 025 ***150.00 1. Entity Name FLORIDA STORAGE OF MONROE, INC. Principal Place of Business Mailing Address 945 S FEDERAL HIGHWAY 717 LAYNE BLVD. **DANIA FL 33004** HALLANDALE FL 33009 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0026626 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SELZ, ROBERT Street Address (P.O. Box Number is Not Acceptable) 717 LAYNE BLVD. HALLANDALE FL 33009 City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition NAME SELZ, ROBERT NAME STREET ADDRESS STREET ADDRESS 717 LAYNE BLVD. CITY+ST+ZIP HALLANDALE FL CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition THE SELZ, JUDITH NAME NAME STREET ADDRESS 717 LAYNE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 THILE ☐ Delete ☐ Change ☐ Addition NAME NAME SELZ, KAREN STREET ADDRESS STREET ADDRESS 486 SUNSET DRIVE CITY-ST-ZIP CITY-ST-ZIP ASHEVILLE NC 28804 TITLE ☐ Defete TITLE [] Change ☐ Addition NAME SELZ, STEVEN NAME STREET ADDRESS 8350 SE COUNTRY ESTATES WAY STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 of 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:

ROBERT SELZ-PRESIDENT 3/8/06

FILED

Mar 21, 2006 8:00 am