

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 05, 2008 8:00 am
Secretary of State

05-01-2008 90207 012 ***138.75
06-05-2008 90003 006 ****11.25

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02152008 Chg-P CR2E034 (12/08)

DOCUMENT # P00000008002

1. Entity Name
AMERICA'S SELF STORAGE CORP.



Principal Place of Business
**444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131**

Mailing Address
**444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0977714

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**LEGAGNEUR, NATHALIE
444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131**

7. Name and Address of Former Registered Agent

**Jude M. Williams
444 Brickell Avenue Suite 900
Miami, FL 33131**

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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

02/21/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**DPST
DE OLAZARRA, ALLEN C
444 BRICKELL AVE., STE. 900
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(authorized rep) 02/28/08 305-795-9998