


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90017 037 \*\*\*150.00

<b>DOCUMENT # P01000025409</b>					
<b>1. Entity Name</b> ALL ABOUT STORAGE, INC.					
<b>Principal Place of Business</b> 9485 SUNSET DR STE A-295 MIAMI, FL 33173			<b>Mailing Address</b> 9485 SUNSET DR STE A-295 MIAMI, FL 33173		
<b>2. Principal Place of Business</b> 12448 SW 127 Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 12448 SW 127 Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL		<b>4. FEI Number</b> 04-3635786	
<b>Zip</b> 33186		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KUPFER, PAUL H 1700 UNIVERSITY DR #110 CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP GARCIA, CARLOS N <input type="checkbox"/> Delete 9485 SW 72 STREET #A-295 MIAMI, FL 33173		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	12448 SW 127 Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami FL 33186	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV GARCIA, GENARO R <input type="checkbox"/> Delete 9485 SW 72 STREET #A-295 MIAMI, FL 33178		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	12448 SW 127 Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami FL 33186	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV FILIBERTO, SIERRA <input type="checkbox"/> Delete 9485 SW 72 STREET #A-295 MIAMI, FL 33173		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	12448 SW 127 Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami FL 33186	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DST FERNANDEZ, MARTHA <input type="checkbox"/> Delete 9485 SW 72 STREET #A-295 MIAMI, FL 33173		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	12448 SW 127 Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami FL 33186	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 officers empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/1/04 (305) 234-4000</b> Daytime Phone #		