

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91240 043 ***150.00

DOCUMENT # P02000085048

1. Entity Name
MICROSTORAGE, INC.



Principal Place of Business
**4201 WESTGATE AVE., SUITE B-13
WEST PALM BEACH, FL 33409**

Mailing Address
**4201 WESTGATE AVE., SUITE B-13
WEST PALM BEACH, FL 33409**

2. Principal Place of Business
16433 Glasgow Dr. E.
Suite, Apt. #, etc.

3. Mailing Address
1266 West Paces Ferry Road
Suite, Apt. #, etc.

City & State
Loxahatchee FL

City & State
Atlanta, GA

Zip
33470 Country
USA

Zip
30327 Country
USA

04242004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0545083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAINT-CYR, REGINE
7440 SW 153 CT #202
MIAMI, FL 33193-4422**

7. Name and Address of New Registered Agent

Name
Gordon Williams

Street Address (P.O. Box Number is Not Acceptable)

16433 Glasgow Dr. E.

City
Loxahatchee FL Zip Code
33470

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/26/2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SAINT-CYR, REGINE
7440 SW 153 CT #202
MIAMI, FL 331934422 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WILLIAMS, GORDON SR
16433 GLASGOW DR E
LOXAHATCHEE, FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WILLIAMS, PHILLIPA
16433 GLASGOW DR E
LOXAHATCHEE, FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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 like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/26/2004

DAYTIME PHONE #
(800) 778-4696