

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90389 017 \*\*\*150.00

**DOCUMENT # P02000111212**

1. Entity Name  
MIDGARD STORAGE, INC.



Principal Place of Business  
1475 WEST CYPRESS CREEK ROAD  
SUITE 202  
FORT LAUDERDALE, FL 33309

Mailing Address  
1475 WEST CYPRESS CREEK ROAD  
SUITE 202  
FORT LAUDERDALE, FL 33309



04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1431892

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HERTZ, CLIFFORD J  
ONE NORTH CLEMATIS STREET  
SUITE 500  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 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**

TITLE	PD
NAME	GOLDSTEIN, JAMES E
STREET ADDRESS	1475 WEST CYPRESS CREEK ROAD, SUITE 202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VT
NAME	BAND, ROBERT
STREET ADDRESS	1475 WEST CYPRESS CREEK ROAD, SUITE 202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VS
NAME	PORRAS, MARA
STREET ADDRESS	1475 WEST CYPRESS CREEK ROAD, SUITE 202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	SCHROEDER, ANDERS U
STREET ADDRESS	1475 WEST CYPRESS CREEK ROAD, SUITE 202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

954  
771-6714

Daytime Phone #