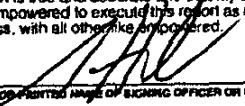


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91029 047 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000123357			
1. Entity Name NATIONWIDE SELF STORAGE, INC.			
Principal Place of Business 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021		Mailing Address 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900	
City & State Aventura FL		City & State Aventura FL	
Zip 33180	Country USA	Zip 33180	Country USA
4. FEI Number 33-1032397		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSSO, MARK E ESQ 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name ROUSSO, MARK E Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave # 900 City Aventura FL Zip Code 33180	
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: Mark Roussio 04/21/04 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, 2004 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	PVST SINGER, GLENN H 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 NE 29th Ave # 900 Aventura FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, GLENN H 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 NE 29th Ave # 900 Aventura FL 33180 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/1/04 Daytime Phone 3-5 642-7773	