

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90073 013 \*\*\*158.75

<b>DOCUMENT # P03000047679</b> 1. Entity Name <b>441 LANTANA STORAGE, INC.</b>					
Principal Place of Business <b>751 PARK OF COMMERCE DR, STE 128 BOCA RATON, FL 33487</b>			Mailing Address <b>751 PARK OF COMMERCE DR, STE 128 BOCA RATON, FL 33487</b>		
2. Principal Place of Business <b>8135 LAKE WORTH RD</b> Suite, Apt. #, etc. <b>SUITE B</b> City & State <b>LAKE WORTH FL</b> Zip <b>33467</b> Country <b>USA</b>			3. Mailing Address <b>8135 LAKE WORTH RD</b> Suite, Apt. #, etc. <b>SUITE B</b> City & State <b>LAKE WORTH FL</b> Zip <b>33467</b> Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>COLMAN, NANCY B ESQUIRE BERITZ &amp; COLMAN, LLP 150 E PALMETTO PARK RD STE 750 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
4. FEI Number <b>02-0690340</b>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PECHTER, JEFFREY 751 PARK OF COMMERCE DR, STE 128 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8135 LAKE WORTH ROAD - STE B LAKE WORTH, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT BLOCK, STEPHEN 751 PARK OF COMMERCE DR, STE 128 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8135 LAKE WORTH ROAD - STE B LAKE WORTH, FL 33467</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>3/29/05</b></span> <span><b>561-357-0121</b></span> </div> <small>Date Daytime Phone #</small>		