


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90089 023 ***150.00

DOCUMENT # P06000141594	
1. Entity Name ALTSUN STORAGES INC.	

Principal Place of Business 3300 NORTHEAST 2ND AVENUE MIAMI, FL 33137	Mailing Address 3300 NORTHEAST 2ND AVENUE MIAMI, FL 33137
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2. Principal Place of Business - No P.O. Box # 8650 BISCAYNE BLVD	3. Mailing Address 8650 BISCAYNE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State EL PORTAL, FL	City & State EL PORTAL, FL
Zip 33138	Zip 33138
Country	Country



01052008 Chg-P CR2E034 (12/06)

4. FEI Number 22-3946926		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REYES, DANCENY AGENT 3300 N.E. 2ND AVE. MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8650 BISCAYNE BLVD City EL PORTAL FL Zip Code 33138

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]* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MANINI, CESARE 3300 NORTHEAST 2ND AVENUE MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8650 BISCAYNE BLVD EL PORTAL, FL 33138 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 1/08/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #