

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019615

**FILED**  
**Jan 31, 2008**  
**Secretary of State**

**Entity Name:** BEST FLORIDA STORAGE, INC.

**Current Principal Place of Business:**

2290 N.W. 19TH ST.  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

2290 NW 19TH STREET  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

3511 N.E. 22ND AVENUE  
3RD FLOOR  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

3511 NE 22ND AVENUE  
SUITE 350  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 65-0402420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBANESE, ARVID L  
3511 N.E. 22ND AVENUE, 3RD FLOOR  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

ALBANESE, ARVID L  
3511 NE 22ND AVENUE  
SUITE 350  
FT. LAUDERDALE, FL 33308 US

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.

SIGNATURE: \_\_\_\_\_

01/31/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALBANESE, ARVID L  
Address: 3511 NE 22 AVE., 300  
City-St-Zip: FORT LAUDERDALE, FL 333086226

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALBANESE, ARVID L  
Address: 3511 NE 22 AVE., 350  
City-St-Zip: FORT LAUDERDALE, FL 33308 62

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVID L. ALBANESE

PD

01/31/2008

Electronic Signature of Signing Officer or Director

Date