

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 A
Secretary of State

DOCUMENT # P94000067839

1. Entity Name
BEACH SELF STORAGE, INC.



Principal Place of Business

**9000 BURMA ROAD
SUITE 102
PALM BEACH GARDENS, FL 33403 US**

Mailing Address

**9000 BURMA ROAD
SUITE 102
PALM BEACH GARDENS, FL 33403 US**



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0537376

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MINKER, JULES S.
9000 BURMA ROAD
SUITE 102
PALM BEACH GARDENS, FL 33403**

**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 | MINKER, JULES S |
| STREET ADDRESS | 9000 BURMA ROAD SUITE 102 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33403 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/02/06-80131-002 150.00

**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:

Jules S. Minker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jules S. Minker

Date

561-7755660

Daytime Phone #