


**2004 FOR PROFIT CORPORATIO
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000011253
1. Entity Name
AAA STORAGE TRAILERS, INC.



Principal Place of Business
4535 S DALE MABRY HWY
TAMPA, FL 33611

Mailing Address
4535 S DALE MABRY HWY
TAMPA, FL 33611



03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE


4. FEI Number
59-3362916 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SAN MARTIN JR, JIMMY
4535 S DALE MABRY HWY
TAMPA, FL 33611

**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:  3/25/04
(NOTE: Registered Agent Signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAN MARTIN JR, JIMMY 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAN MARTIN, LILY 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KOSTO, MICHELLE LEE 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TERLIZZI, GINA LYNN 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000037830
03/29/04-80015-018 150.00

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IN THIS SPACE**

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:  3/25/04 813-837-5602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #