


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 24, 2005 08:00 AM  
Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



03142005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3362916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<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"/> \$5.00 May Be Added to Fees
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000274762  
03/24/05-80024-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jimmy San Martin, Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3/17/05      Daytime Phone #: 813-837-5602