

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000077662

1. Entity Name  
STORAGE DEPOT USA, INC.



Principal Place of Business  
405 E GALLIE BLVD  
MELBOURNE, FL 32937

Mailing Address  
19151 FOX LANDING DR  
% JAMES A. KAUFMAN & ASSOC  
BOCA RATON, FL 33434

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0756046

Applied  
Not App

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

**6. Name and Address of Current Registered Agent**

KAUFMAN, JAMES M  
19151 FOX LANDING DR.  
BOCA RATON, FL 33434

**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, 2007 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  
DPT  
KAUFMAN, JAMES M  
19151 FOX LANDING DR  
BOCA RATON, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
KAUFMAN, MARGARET S  
19151 FOX LANDING DR  
BOCA RATON, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000580514  
01/10/07-80051-012 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. KAUFMAN

1/8/07 (561)241-9057  
Date Daytime Phone #