

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000086378

1. Entity Name
IRELAND UNIVERSITY SELF STORAGE, INC.



Principal Place of Business
**12000 BISCAYNE BLVD. PENTHOUSE 10
MIAMI, FL 33181**

Mailing Address
**12000 BISCAYNE BLVD. PENTHOUSE 10
MIAMI, FL 33181**



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0710557** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**IRELAND, R S
12000 BISCAYNE BLVD. PENTHOUSE 10
MIAMI, FL 33181**

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000345392
04/30/05-80034-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **IRELAND, R S**
STREET ADDRESS **12000 BISCAYNE BLVD. PENTHOUSE 10**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **VP**
NAME **IRELAND, LOU**
STREET ADDRESS **12000 BISCAYNE BLVD. PENTHOUSE 10**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 305-891-6806

Date

Daytime Phone #

LOU IRELAND