


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000083018
 1. Entity Name
 SELF STORAGE OF SOUTH DADE, INC.



Principal Place of Business Mailing Address
 29949 S. FEDERAL HWY 29949 S. FEDERAL HWY
 HOMESTEAD, FL 33033 HOMESTEAD, FL 33033

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0868480 Not Applicable

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

6. Name and Address of Current Registered Agent
 POTTS, ROY F JR
 29949 S. FEDERAL HIGHWAY
 HOMESTEAD, FL 33033

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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 renating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

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

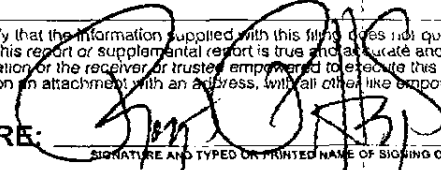
10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | POREET, KENNETH W |
| STREET ADDRESS | 27500 SW 164TH COURT |
| CITY- ST- ZIP | HOMESTEAD, FL 33031 |
| TITLE | V |
| NAME | MATTHEWS, EDWARD L |
| STREET ADDRESS | 8721 SW 108TH STREET |
| CITY- ST- ZIP | MIAMI, FL 33176 |
| TITLE | ST |
| NAME | POTTS, ROY F JR |
| STREET ADDRESS | 29949 S FEDERAL HIGHWAY |
| CITY- ST- ZIP | HOMESTEAD, FL 33033 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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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:  2/2/06 305 968 4514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone n