


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90157 012 ***150.00

DOCUMENT # P98000083018

1. Entity Name
SELF STORAGE OF SOUTH DADE, INC.



40066565



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4005 NW Deer Oak Dr **4005 NW Deer Oak Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jensen Beach, FL **Jensen Beach, FL**
 Zip Country Zip Country
34957 **34957** **34957** **34957** **34957** **34957** **34957** **34957** **34957**

04142007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4005 NW Deer Oak Drive
 City State Zip
Jensen Beach FL 34957

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: *Kon J Potts* **Sgt Roy F. Potts, Jr S/T** **4-13-07**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POREET, KENNETH W 27500 SW 164TH COURT HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTHEWS, EDWARD L 8721 SW 108TH STREET MIAMI, FL 33176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POTTS, ROY F JR 29949 S FEDERAL HIGHWAY HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Roy F. Potts S/T</i> <i>4005 NW Deer Oak Drive</i> <i>Jensen Beach FL 34957</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kon J Potts* **Sgt Roy F. Potts Jr S/T** **4/13/07** **3059684514**
Signature and typed or printed name of signing officer or director Date Daytime Phone #