

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2007 90157 012 \*\*\*150.00

<b>DOCUMENT # P98000083018</b> 1. Entity Name <b>SELF STORAGE OF SOUTH DADE, INC.</b>			
Principal Place of Business <b>29949 S. FEDERAL HWY HOMESTEAD, FL 33033</b>		Mailing Address <b>29949 S. FEDERAL HWY HOMESTEAD, FL 33033</b>	
2. Principal Place of Business - No P.O. Box # <b>4005 NW Deer Oak Dr</b>		3. Mailing Address <b>4005 NW Deer Oak Drive</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Jensen Beach, FL</b>		City & State <b>Jensen Beach, FL</b>	
Zip <b>34957</b>		Zip <b>34957</b>	
Country 		Country 	
4. FEI Number <b>65-0868480</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POTTS, ROY F JR 29949 S. FEDERAL HIGHWAY HOMESTEAD, FL 33033</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4005 NW Deer Oak Drive</b> City <b>Jensen Beach</b> <b>FL</b> Zip <b>34957</b>	
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 <i>Roy F. Potts, Jr</i> <b>Sgt Roy F. Potts, Jr S/R</b> <b>4-13-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>POREET, KENNETH W</b>	TITLE 	NAME 
STREET ADDRESS <b>27500 SW 164TH COURT</b>	CITY-ST-ZIP <b>HOMESTEAD, FL 33031</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>V</b>	NAME <b>MATTHEWS, EDWARD L</b>	TITLE 	NAME 
STREET ADDRESS <b>8721 SW 108TH STREET</b>	CITY-ST-ZIP <b>MIAMI, FL 33176</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>ST</b>	NAME <b>POTTS, ROY F JR</b>	TITLE 	NAME <b>Roy F. Potts S/R</b>
STREET ADDRESS <b>29949 S FEDERAL HIGHWAY</b>	CITY-ST-ZIP <b>HOMESTEAD, FL 33033</b>	STREET ADDRESS <b>4005 NW Deer Oak Drive</b>	CITY-ST-ZIP <b>Jensen Beach FL 34957</b>
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
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 <i>Roy F. Potts, Jr</i> <b>Sgt Roy F. Potts Jr S/R</b>		Date <b>4/13/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>3059684514</b>	

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