2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000004093

1. Entity Name COLUMBIA STORAGE, INC.



FILED Apr 26, 2005 08:00 AM Secretary of State

Principal Place of Business

2871 SOMERSET DRIVE

APT # H-410

LAUDERDALE LAKES, FL 33311

Mailing Address

2871 SOMERSET DRIVE APT # H-410

LAUDERDALE LAKES, FL 33311



DO NOT WRITE IN THIS SPACE

. FEI Number	Applied For
65-0801708	Not Applicab

CR2E034 (10/03)

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

No Chg-P

04132005

6. Name and Address of Current Registered Agent					
CORONADO, NESTOR 7360 CORAL WAY STE. 21 MIAMI, FL 33155			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 relicitating) DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution,	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JULIANO, JAIRO 2871 SOMERSET DRIVE APT H-410 LAUDERDALE LAKES, FL 33311	-		U00000333181 04/26/05-80087-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETO, ALBERTO E N 2871 SOMERSET DRIVE APT H-410 LAUDERDALE LAKES, FL 33311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DO REGO MOÑTEIRO, JOSE ANTON 2871 SOMERSET DRIVE APT H-410 LAUDERDALE LAKES, FL 33311	NO .	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMELIN, JOAQ ANTONIO A 2871 SOMERSET DRIVE APT H-410 LAUDERDALE LAKES, FL 33311		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORE, AFONSO EMILIO S 2871 SOMERSET DRIVE APT H-410 LAUDERDALE_LAKES, FL 33311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		

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 agrequired 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 SISNING OFFICER OR DIPLECTOR