

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000007464

1. Entity Name
LANDSTOR SELF STORAGE, INC.



Principal Place of Business
550 BILTMORE WAY
STE 1110
CORAL GABLES, FL 33134

Mailing Address
550 BILTMORE WAY
STE 1110
CORAL GABLES, FL 33134

FILED
Apr 19, 2004 08:00 AM
Secretary of State



02172004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0894038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSA ECKSTEIN SCHECHTER
550 BILTMORE WAY, SUITE 1120
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 STERN, RODOLFO
STREET ADDRESS 550 BILTMORE WAY #1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VP
NAME STERN, EDUARDO
STREET ADDRESS 550 BILTMORE WAY #1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPT
NAME SERVANSKY, DAVID
STREET ADDRESS 550 BILTMORE WAY #1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPS
NAME HORWITZ, ROBERTO
STREET ADDRESS 550 BILTMORE WAY #1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME ECKSTEIN, BERNARD
STREET ADDRESS 550 BILTMORE WAY #1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000119114
04/19/04-80086-015 150.00

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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

Rodolfo Stern 4-15-04 (305) 461-3190

Date Daytime Phone #