

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000082882

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** GALAXY FAMILY DAY CARE HOME, INC.

**Current Principal Place of Business:**

8690 SW 159TH PLACE  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

8690 SW 159TH PLACE  
MIAMI, FL 33193

**New Mailing Address:**

**FEI Number:** 65-0955710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEA-DIAZ, RAFAEL  
8690 SW 159TH PLACE  
MIAMI, FL 33193 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MORALES, MAGDALENA M  
Address: 8690 SW 159TH PLACE  
City-St-Zip: MIAMI, FL 33193

Title: VPSD  
Name: BEA-DIAZ, RAFAEL  
Address: 8690 SW 159TH PLACE  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAGDALENA MORALES

PRES

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date