2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# 229516

Entity Name: GALAXY CO-OP APARTMENTS CORPORATION, INC.

Current Principal Place of Business:

852 COLLINS AVE
APT C-1
MIAMI BEACH, FL 331395818 US

New Principal Place of Business:

Current Mailing Address:

852 COLLINS AVE
APT C-1
MIAMI BEACH, FL 331395818 US

New Mailing Address:

FEI Number: 59-6065007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANK, MARK
852 COLLINS AVE
APT C-1
MIAMI BEACH, FL 331395818 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOMINGUEZ, ANDREW
Address: 852 COLLINS AVENUE C-4
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD ( ) Delete
Name: BLANK, MARK
Address: 852 COLLINS AVENUE C-1
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete
Name: RUTMAN, RITA
Address: 852 COLLINS AVENUE, A-2
City-St-Zip: MIAMI BEACH, FL 33139

Title: TVD ( ) Delete
Name: RAINS, EDITH
Address: 852 COLLINS AVENUE C-5
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RITA RUTMAN SD 07/02/2004

Electronic Signature of Signing Officer or Director — Date