2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # G21245

1. Entity Name
GALAXIOM CORPORATION

Principal Place of Business	Mailing Address
9801 S W 5TH STREET P O BOX 440307 NA MIAMI, FL 33174	9801 S W 5TH STREET P O BOX 440307 NA MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2265458

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERRERA, OLGA
9801 S W 5TH STREET
MIAMI, FL 33174

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HERRERA, OLGA
STREET ADDRESS	9801 S W 5TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	HERRERA, ISAAC
STREET ADDRESS	9801 SW 5TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	HERRERA, SERGIO A.
STREET ADDRESS	9801 SW 5TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/06-60032-003 150.00

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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: _____ 03/16/06 305-592-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #