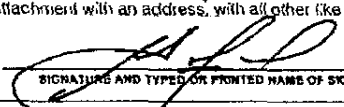


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G21245		
1. Entity Name GALAXIOM CORPORATION		
Principal Place of Business 9801 S W 5TH STREET P O BOX 440307 NA MIAMI, FL 33174		Mailing Address 9801 S W 5TH STREET P O BOX 440307 NA MIAMI, FL 33174
DO NOT WRITE IN THIS SPACE		
		 01302006 No Chg-P CRZE034 (11/05)
		4. FCI Number 59-2265458
		Applied for ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent		
HERRERA, OLGA 9801 S W 5TH STREET MIAMI, FL 33174		DO NOT WRITE IN THIS SPACE
9. 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 re-statuting) DATE _____		
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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD HERRERA, OLGA 9801 S W 5TH STREET MIAMI, FL	DO NOT WRITE IN THIS SPACE U00000474630 04/04/06-80032-009 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERRERA, ISAAC 9801 SW 5TH ST. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HERRERA, SERGIO A. 9801 SW 5TH ST. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03/16/06 305-592-2232 Date Daytime phone #