


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90031 014 ***150.00

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| DOCUMENT # G88631 | |  | |
| 1. Entity Name GALAXY RECORDS, INC. | | | |
| Principal Place of Business 3913 W SWANN AVE TAMPA FL 33609 | | Mailing Address 3913 W SWANN AVE TAMPA FL 33609 | |
| 2. Principal Place of Business - No P.O. Box # 5221 Taylor Road | | 3. Mailing Address 5221 Taylor Road | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Lutz FL | | City & State Lutz FL | |
| Zip 33558 | Country | Zip 33558 | Country |
| 6. Name and Address of Current Registered Agent COSIO, YOLANDA V. 3913 W SWANN AVE TAMPA FL 33609 | | 7. Name and Address of New Registered Agent Name Cosio Yolanda V. Street Address (P.O. Box Number is Not Acceptable) 5221 Taylor Road City Lutz FL Zip Code 33558 | |
| 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 <u><i>Yolanda V. Cosio</i></u> DATE <u><i>4/16/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COSIO, YOLANDA V. 3913 W SWANN AVE TAMPA FL 33609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5221 Taylor Road Lutz FL 33558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COSIO, JOSE LUIS 3913 W SWANN AVE TAMPA FL 33609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5221 Taylor Road Lutz FL 33558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Yolanda V. Cosio* DATE *4/16/08* 813-353-3966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #