## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000002813

Entity Name: GALACTIC SYSTEMS TECHNOLOGIES, LLC

FILED Apr 29, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

890 NW 86TH AVENUE, STE 907 5310 SILVER STAR ROAD PLANTATION, FL 33324 ORLANDO, FL, FL 32808

**Current Mailing Address: New Mailing Address:** 

890 NW 86TH AVENUE, STE 907 PLANTATION, FL 33324

FEI Number: 35-2197790 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VILME, PIERRE TAX CONSULTING GROUP, CORP 890 NW 86TH AVE., STE. 907 890 NW 86TH AVE., STE. 907 PLANTATION, FL 33324 PLANTATION, FL 33324

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: PIERRE VILME 04/29/2004

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:**

() Delete

Name:

City-St-Zip:

Title: ( ) Delete Name:

Address: City-St-Zip:

Address:

ADDITIONS/CHANGES:

MGRM ( ) Change (X) Addition VILME, PIERRE Name:

Address: 890 NW 86TH AVENUE., 907

City-St-Zip: PLANTATION, FL 33324

Title: MGRM ( ) Change (X) Addition

Name: LABIDOU, RANDOLPH Address: 5730 STONERIDGE CT City-St-Zip: ORLANDO, FL 32839

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PIERRE VILME **MGRM** 04/29/2004