

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90148 011 ***150.00

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1. Entity Name
GALAXY JET SERVICES, INC.



Principal Place of Business

**1900 GLADES RD SUITE 245
BOCA RATON, FL 33431**

Mailing Address

**1900 GLADES RD SUITE 245
BOCA RATON, FL 33431**

20029490

2. Principal Place of Business

2255 Glades Rd.

3. Mailing Address

2255 Glades Rd.



01172005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1114627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRESLOW, RICHARD H
1900 GLADES RD SUITE 245
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **BRESLOW, RICHARD H.**

Street Address (P.O. Box Number is Not Acceptable)

2255 Glades Rd.

Suite 321A

City **Boca Raton**

FL

Zip Code
33431

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

Richard H. Breslow
Signature, typed or printed name of registered agent and title if applicable.

RICHARD H. BRESLOW

3-18-05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KOST, BRAD**
STREET ADDRESS **3800 SOUTHERN BLVD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **CFOD** ☐ Delete
NAME **FAREN, MICHAEL S**
STREET ADDRESS **1900 GLADES RD STE 354**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D** ☐ Delete
NAME **WANTSHOUSE, MARK**
STREET ADDRESS **3700 AIRPORT RD**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **FAREN, MICHAEL S.**
STREET ADDRESS **2255 Glades Rd., Suite 321A**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Michael S. Faren

MICHAEL S. FAREN, CFO

3-18-05

561-416-0142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #