


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2005 90148 012 ***150.00

DOCUMENT # P01000113392 1. Entity Name GALAXY AVIATION OF ORLANDO, INC.					
Principal Place of Business 4250 EXPRESS ST. ORLANDO, FL 32827			Mailing Address 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431 U.S.A.		
4. FEI Number 65-1158146			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRESLOW, RICHARD H 1900 GLADES ROAD 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 <u><i>Richard H. Breslow</i></u> RICHARD H. BRESLOW 3-7-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	COB GREENBERG, MARTIN F 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WANTSHOUSE, MARK 3700 AIRPORT RD BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KAPLAN, DONALD 4250 EXPRESS STREET ORLANDO, FL 32827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEHMANN, MARK 4250 EXPRESS STREET ORLANDO, FL 32827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS FAREN, MICHAEL S 1900 GLADES ROAD STE 245 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS FAREN, MICHAEL S. 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Martin F. Greenberg</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MARTIN F. GREENBERG CHAIRMAN OF THE BOARD		3-7-05 561-347-8585 <small>Date Daytime Phone #</small>	

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