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2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2006 DEC 14 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116397

1. Entity Name
GALAXY IMPEX GROUP, INC.

Principal Place of Business	Mailing Address
782 NW LEJEUNE RD 428 MIAMI, FL 33126	782 NW LEJEUNE RD 428 MIAMI, FL 33126

12112006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-4218770 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILBERSTEIN, RODOLFO 19955 NE 38 CT #1706 AVENTURA, FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BUCCOLO, GUIDO I 19955 NE 38 CT #1706 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000082542030 12/14/06--01026--002 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MONDSCHEIN, SANTIAGO 19955 NE 38 CT #1706 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] President 12/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

December 11, 2006

Secretary of State
Division of Corporations
Annual Report Section
P.O. Box 68501
Tallahassee, Fl.32314

Document # P02000116397
FEI: 13-4218770

Re: **Galaxy Impex Group, Inc.**
782 N.W. LeJeune Road
Suite # 428
Miami, Florida 33126

Gentleman:

Enclosed please find copy of Uniform Business Report, and a check in the amount of $ 150.00 I never received the form to file it.

Please abate any penalties since we never received the form.

Thanking you for you prompt attention in this matter.

Cordially,

Galaxy Impex Group, Inc.

Guido I. Buccolo
President