




FILED
Apr 25, 2008 8:00 am
Secretary of State

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DOCUMENT # P03000028611						04-25-2008 90105 017 ***150.00																						
1. Entity Name GALILEO AEROSPACE CORP.																												
Principal Place of Business 565 W 50 ST MIAMI BEACH, FL 33140			Mailing Address 565 W 50 ST MIAMI BEACH, FL 33140			 03072008 Chg-P CR2E034 (12/06)																						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																									
Suite, Apt. #, etc.			Suite, Apt. #, etc.																									
City & State			City & State																									
Zip		Country	Zip		Country	4. FEI Number 72-1558767		Applied For Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent GIACIAN, CARLOS H 565 W 50 ST MIAMI BEACH, FL 33140					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																							
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 _____ <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, 2008 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																							
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 70%;">DPST GIACIAN, CARLOS H 565 W 50 ST MIAMI BEACH, FL 33140 <div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr></table>					TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GIACIAN, CARLOS H 565 W 50 ST MIAMI BEACH, FL 33140 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 70%;"><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr></table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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:  Carlos Giacian					3/28/08 (786) 201-5288																							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					<small>Date Daytime Phone #</small>																							