

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000024094

1. Entity Name
GALAXY INTERNATIONAL CORPORATION OF AMERICA INC.

Principal Place of Business 12030 SW 191 ST MIAMI, FL 33177	Mailing Address 12030 SW 191 ST MIAMI, FL 33177
---	---

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

FILED

05 NOV -7 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/2005 REIN-P CR2E098 (6/04)

FEI Number 20-0821076	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

FIGUEREDO, DANIEL
12030 SW 191 ST
MIAMI, FL 33177

9. Name and Address of New Registered Agent

Name: **NEWS INTERNATIONAL**

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: *Daniel Figueredo* DATE: 11/02/05

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete FIGUEREDO, DANIEL	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/> 900061796509
NAME		NAME	11/30/05--01046--005 **158.75
STREET ADDRESS	12030 SW 191 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete FIGUEREDO, ANGEL	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS	12030 SW 191 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete SUTHERLAND, ANTONIO	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS	11020 SW 154 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete ARIAS, MILTON	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS	151 NE 125 TERR #210	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Daniel Figueredo* DATE: 11/02/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #