


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000149475		
1. Entity Name GALACTIC INVESTMENTS MANAGEMENT INC.		

Principal Place of Business 7599 S DIXIE HWY WEST PALM BEACH, FL 33405 US	Mailing Address 7599 S DIXIE HWY WEST PALM BEACH, FL 33405 US
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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

01182007 REIN-P CR2E098 (1/07)

4. FEI Number 20-3758259	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, FERNANDO 7599 S DIXIE HWY WEST PALM, FL 33405		7. Name and Address of New Registered Agent Name: SERGIO RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable): 7599 S. DIXIE HWY City: WEST PALM BEACH, FL Zip Code: 33405	
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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:  01/25/07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

REINSTATEMENT 06-07

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, SERGIO 7599 S DIXIE HWY WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER REYNA ROSARIO 7599 S. DIXIE HWY WEST PALM BEACH, FL 33405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, FERNANDO 7599 S DIXIE HWY WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300087356463 02/05/07--01010--013 **908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:  PRESIDENT 1/25/07
DAYTIME PHONE #

2C 1/30