

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000000838

Entity Name: GALAXY VACATIONS, INC.

FILED
Aug 18, 2009
Secretary of State

Current Principal Place of Business:

3550 BISCAYNE BLVD
SUITE 404
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3638 DEVEREAUX CT.
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 65-0378101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENAVIDES, FERNANDO
3638 DEVEREAUX COURT
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BENAVIDES, FERNANDO
Address: 3638 DEVEREAUX
City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete
Name: PRADO, MARISA V
Address: 3638 DEVEREAUX
City-St-Zip: ORLANDO, FL 32837

Title: VPD () Delete
Name: DE BENAVIDES, RAQUEL C
Address: 5308 WOODCREST DRIVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO BENAVIDES

PRES

08/18/2009

Electronic Signature of Signing Officer or Director

Date