


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000048128
 1. Entity Name
GALAXY REALTY MANAGEMENT, INC.



Principal Place of Business Mailing Address
 1460 NW 107 AVE. 1460 A NW 107TH AVE
 A MIAMI FL 33172 MIAMI FL 33172
 MIAMI FL 33172 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0435646** 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

ISERN, JOSEPH P
 1460-A N.W. 107TH AVENUE
 MIAMI FL 33172

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 *Joseph P. Isern* (NOTE: Registered Agent signature required when reinstating) DATE **2/16/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	ISERN, JOSEPH P	1460-A N.W. 107TH AVENUE	MIAMI FL 33172	<input type="checkbox"/>
D	ISERN, DIANE	1460-A N.W. 107TH AVENUE	MIAMI FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joseph P. Isern* Joseph P. ISERN Date **2/16/04** (305) 592-0124 Daytime Phone #