
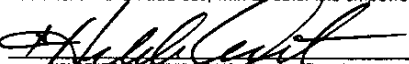


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90003 028 ***150.00

DOCUMENT # P94000013058 1. Entity Name GALAXY ART, INC.					
Principal Place of Business 1828 SW 177TH AVE. MIRAMAR, FL 33029 US			Mailing Address 1828 SW 177TH AVE. MIRAMA, FL 33029 US		
2. Principal Place of Business 6399 SW 194 AVE		3. Mailing Address 6399 SW 194 AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL		4. FEI Number 65-0468685	
Zip 33332		Country DESWAND		Applied For <input type="checkbox"/> Not Applicable	
Zip 33332		Country DESWAND		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARISTE, BENJAMIN 1828 SW 177TH AVE. MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name ARISTE, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 6399 SW 194 AVE City FT LAUDERDALE FL Zip Code 33332	
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>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ARISTE, HILDA 6778 NW 186 LANE MIAMI, FL 33015		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARISTE, BENJAMIN 6778 NW 186 LANE MIAMI, FL 33015		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 7/26/05 Daytime Phone # 954 683 2002					

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07262005 Chg-P CR2E034 (10/03)