

## ANNUAL REPORT

DOCUMENT # P94000013058

1. Entity Name  
GALAXY ART, INC.Principal Place of Business  
6399 SW 194 AVE  
FORT LAUDERDALE, FL 33332 USMailing Address  
6399 SW 194 AVE  
FORT LAUDERDALE, FL 33332 USFILED  
Jul 18, 2007 08:00 AM  
Secretary of State

07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0468685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ARISTE, BENJAMIN  
6399 SW 194 AVE  
FORT LAUDERDALE, FL 33332DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 14, 20079. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ARISTE, HILDA
STREET ADDRESS	6778 NW 186 LANE
CITY-ST-ZIP	MIAMI, FL 33015

TITLE	VSD
NAME	ARISTE, BENJAMIN
STREET ADDRESS	6778 NW 186 LANE
CITY-ST-ZIP	MIAMI, FL 33015

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000769323  
07/18/07-80001-015 150.00DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: *Hilda Ariste* *Hilda Ariste* 7/15/07 9546837002  
 Date: 7/15/07 Daytime Phone #: 9546837002