

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040179

Entity Name: GALAXY FURNITURE, INC.

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

2900 W SAMPLE RD
STORE #100
POMPANO BEACH, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

2900 W SAMPLE ROAD
STORE 100
POMPANO BEACH, FL 33073 US

New Mailing Address:

FEI Number: 65-0584722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANI, AVINASH T
2900 WEST SAMPLE ROAD
STORE 100
POMPANO BEACH, FL 33073 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADVANI, AVINASH T
Address: 2900 W SAMPLE ROAD STORE 100
City-St-Zip: POMPANO BEACH, FL 33073

Title: ADVA () Delete
Name: ADVANI, AMIT T
Address: 2900 WEST SAMPLE ROAD STORE 100
City-St-Zip: POMPANO BEACH, FL 33073

Title: D () Delete
Name: ADVANI, TIRATH
Address: 2900 WEST SAMPLE ROAD STORE 100
City-St-Zip: POMPANO BEACH, FL 33073

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 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 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: AVI

Electronic Signature of Signing Officer or Director

OWNE

09/06/2005

Date