

# 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:**

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 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

OWNE

09/06/2005

Electronic Signature of Signing Officer or Director

Date