

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90018 004 ***150.00

DOCUMENT # P95000056795

1. Entity Name
GALAXY MARKETING INTERNATIONAL INC.



Principal Place of Business
GALAXY MARKETING INT. INC.
328 CRANDON BLVD. STE. 226
KEY BISCAYNE, FL 33149 US

Mailing Address
328 CRANDON BLVD.
SUITE 221C
KEY BISCAYNE, FL 33149 US

50001092



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0636839

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHARTOUNI, ADIB E
328 CRANDON BLVD
SUITE 221C
KEY BISCAYNE, FL 33149

**DO 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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	CHARTOUNI, ADIB E
STREET ADDRESS	800 LAKE ROAD BAY POINT
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	CHARTOUNI, ADIB E
STREET ADDRESS	800 LAKE ROAD BAY POINT
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ADIB CHARTOUNI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05
Date

305-361-0722
Daytime Phone #