

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029050

FILED
Apr 16, 2004
Secretary of State

Entity Name: GALAXY ENTERTAINMENT OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

11850 WEST STATE ROAD 84
SUITE A-4
DAVIE, FL 33325

New Principal Place of Business:

1177 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Current Mailing Address:

11850 WEST STATE ROAD 84
SUITE A-4
DAVIE, FL 33325

New Mailing Address:

1177 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

FEI Number: 65-0749994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, MARC
11850 WEST STATE ROAD 84
SUITE A-3
SUNRISE, FL 33323

Name and Address of New Registered Agent:

FRIEDMAN, MARC
1177 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

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:

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: ORISTANO, CHAD
Address: 11850 WEST STATE ROAD 84 STE A-4
City-St-Zip: DAVIE, FL 33325

Title: VD (X) Delete
Name: ORISTANO, LAURI
Address: 11850 WEST STATE ROAD 84 STE A-4
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: ORISTANO, CHAD
Address: 1177 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

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: CHAD ORISTANO

PTSD

04/16/2004

Electronic Signature of Signing Officer or Director

Date