
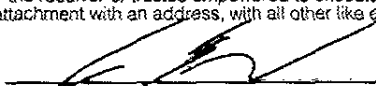


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000043872					
1. Entity Name GALAXY AVIATION OF PALM BEACH, INC.					
Principal Place of Business 3800 SOUTHERN BLVD WPB FL 33406			Mailing Address 1900 GLADES RD STE 245 BOCA RATON FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0758138	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRESLOW, RICHARD H 1900 GLADES RD STE 245 BOCA RATON FL 33431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when forming)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENBERG, MARTIN F	NAME	U00000127722 04/26/04-80009-016 150.00		
STREET ADDRESS	1900 GLADES RD STE 245	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOST, BRAD	NAME			
STREET ADDRESS	1900 GLADES RD SUITE 245	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP			
TITLE	CFOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAREN, MICHAEL	NAME			
STREET ADDRESS	1900 GLADES RD SUITE 245	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WANTSHOUSE, MARK	NAME			
STREET ADDRESS	1900 GLADES RD SUITE 245	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP			
TITLE	EXVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, JONATHAN P	NAME			
STREET ADDRESS	1900 GLADES RD SUITE 245	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Martin F. Greenberg Chairman of the Board		04/15/04 561-347-8585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



MOORE CR2E034 (11/03)