


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90148 017 ***150.00

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**

20029484



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**2255 Glades Rd.
 Suite 321A**

03022005 Chg-P CR2E034 (10/03)

City & State
Boca Raton, Fl

4. FEI Number
65-0758138

Applied For
 Not Applicable

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

Zip Country Zip Country
33431 U.S.A.

6. Name and Address of Current Registered Agent
**BRESLOW, RICHARD H
 1900 GLADES RD STE 245
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
BRESLOW, RICHARD H.

Street Address (P.O. Box Number is Not Acceptable)
2255 Glades Rd., Suite 321A

City **Boca Raton** **FL** Zip Code **33431**

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 *Richard H. Breslow* **RICHARD H. BRESLOW** 3-7-05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GREENBERG, MARTIN F 1900 GLADES RD STE 245 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GREENBERG, MARTIN F. 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOST, BRAD 1900 GLADES RD SUITE 245 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOST, BRAD 3800 Southern Blvd West Palm Beach, Fl 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD FAREN, MICHAEL 1900 GLADES RD SUITE 245 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD FAREN, MICHAEL 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANTSHOUSE, MARK 1900 GLADES RD SUITE 245 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANTSHOUSE, MARK 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVD MILLER, JONATHAN P 1900 GLADES RD SUITE 245 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVD MILLER, JONATHAN P. 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **MARTIN F. GREENBERG** 3-7-05 561-347-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #