


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90281 038 \*\*\*150.00

<b>DOCUMENT # P98000029708</b>	
1. Entity Name <b>PRO GALAXY, INC.</b>	

Principal Place of Business <b>1471 SW 30TH AVE #12 DEERFIELD BEACH, FL 33442 US</b>	Mailing Address <b>1471 SW 30TH AVE #12 DEERFIELD BEACH, FL 33442 US</b>
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14011513



2. Principal Place of Business <b>550 Oaks Lane Suite, Apt. #, etc. 104</b>	3. Mailing Address <b>550 Oaks Lane Suite, Apt. #, etc. 104</b>
City & State <b>Pompano Beach Florida</b>	City & State <b>Pompano Beach Florida</b>
Zip <b>33069</b>	Country <b>USA</b>

04272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>SANTUCCI, MICHAEL I ESQUIRE NATIONS BANK BUILDING 4901 N. FEDERAL HIGHWAY #440 FORT LAUDERDALE, FL 33308</b>	
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4. FEI Number <b>65-0909677</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name <b>Santucci, Michael I Esquire</b>	
Street Address (P.O./Box Number is Not Acceptable) <b>580 West Cypress Creek Rd Suite 500</b>	
City <b>Ft. Lauderdale</b>	FL Zip Code <b>33309</b>

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATCHER, STUART 5621 N WINSTON PARK BLVD #302 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 550 Oaks Lane #104 Pompano Beach FL 33069 <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
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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **4-28-04** Daytime Phone #: **954-856-8846**