2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 23, 2004 08:00 AM Secretary of State DOCUMENT # P98000080809 1. Entity Name GALAXY AVIATION REAL ESTATE SERVICES, INC. Principal Place of Business Mailing Address 1900 GLADES ROAD 1900 GLADES ROAD SUITE 245 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Marling Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1014964 Not Applicable 2_{iD} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRESLOW, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1900 GLADES ROAD SUITE 245 BOCA RATON FL 33431 City Zio Code 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: Rogistered Agent signature required when joinstating) Signature, typed or pointed name of registered agent and title 4 applicable DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DCEO D Delete TITLE ☐ Change Addition NAME GREENBERG, MARTIN NAME U00000127724 STREET ADDRESS 1900 GLADES ROAD, SUITE 245 STREET ADDRESS 04/26/04-80009-018 150.00 **BOCA RATON FL 33431** CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MILLER, JONATHAN NAME STREET ADDRESS 1900 GLADES ROAD, SUITE 245 STREET ADDRESS CITY-ST-ZIF **BOCA RATON FL 33431** CITY-ST-ZIP TITLE CFO ☐ Delete TITLE ☐ Change ☐ Addition NAME FAREN, MICHAEL NAME STREET ADDRESS 1900 GLADES RD STE., #245 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE TITLE Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1/19.07(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

Martin F. Greenberg Chief Executive Officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04/15/04

Date

561-347-8585