


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-12-2005 90148 019 \*\*\*150.00

<b>DOCUMENT # P98000080809</b>			
1. Entity Name <b>GALAXY AVIATION REAL ESTATE SERVICES, INC.</b>			
Principal Place of Business <b>1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431 US</b>		Mailing Address <b>1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431 US</b>	
2. Principal Place of Business <b>2255 Glades Rd.</b>		3. Mailing Address <b>2255 Glades Rd.</b>	
Suite, Apt. #, etc. <b>Suite 321A</b>		Suite, Apt. #, etc. <b>Suite 321A</b>	
City & State <b>Boca Raton, Fl</b>		City & State <b>Boca Raton, Fl</b>	
Zip <b>33431</b>	Country <b>U.S.A.</b>	Zip <b>33431</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>BRESLOW, RICHARD 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>BRESLOW, RICHARD H.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>2255 Glades Rd., Suite 321A</b> City <b>Boca Raton</b> FL Zip Code <b>33431</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: <i>Richard H. Breslow</i> <b>RICHARD H. BRESLOW</b> DATE: <b>3-7-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO GREENBERG, MARTIN 1900 GLADES ROAD, SUITE 245 BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO GREENBERG, MARTIN F. 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILLER, JONATHAN 1900 GLADES ROAD, SUITE 245 BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILLER, JONATHAN 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO FAREN, MICHAEL 1900 GLADES RD STE. #245 BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO FAREN, MICHAEL 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431</b> <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
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: <i>Martin F. Greenberg</i> <b>MARTIN F. GREENBERG, CEO</b>		Date	Daytime Phone #
		<b>3-7-05</b>	<b>561-347-8585</b>

**20029482**



01172005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1014964** Applied For  Not Applicable

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