## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90038 001 \*\*\*158.75

**FILED** 

## DOCUMENT # **P98000097815**1. Corporation Name

GALAXY EXPANDS, INC.

Principal Place	of Business	Ma	ailing Address			j	Ì	•				
8665 NORTHWEST 6 LANE #106			8665 NORTHWEST 6 LANE #106									
MIAMI FL 33126		MIA	MIAMI FL 33126				DO NOT WRITE IN THIS SPACE					
							3.	. Date Incorporated or Qualifed				
								11/17/1998				- {
2 Principal Pl	ace of Business	2a.	Mailing Address				4.	. FEI Number		17	Applied F	or
2. 1 mopar i	ado di Eddinoco	26	7620 NW.	181	6 '	STREET	1	65-087703	6		Not Applic	cable
Suite, Apt. #	#, etc.	1201	Suite, Apt. #, etc.					. Certificate of Status Desired	19/	\$8.75	Addition	nal }
12			27					, Certificate of Status Desired		Fee I	Required	
City & State			City & State				6.	. Election Campaign Financing		\$5.0	<b>0</b> мау В	e
13		28					L	Trust Fund Contribution		Adde	d to Fees	-
Zìp	Country	1_	Zip	Cou	-	4 4	8.	. This corporation owes the curre				ļ
4	25	29	33015 30	(	<u>· ر</u>	5.4	<u></u>	Personal Property Tax.		☑ Yes	No	
	9. Name and Address of Current	Regis	tered Agent				10	). Name and Address of New F	legistered A	gent		
					81	Name				•		
AITHARAJU, ASHOK K			82			Street Addres	Address (P.O. Box Number is Not Acceptable)					
	NORTHWEST 6 LANE #106							·				
MIAN	II FL 33126				83						•	
					84	City				85 Zi	p Code	
						•			FL	ــلـــــــــــــــــــــــــــــــــــ		
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation	t Hono	ia. Such change was autr	ionzed	1 0 0	ine corporation	i's b	poard of directors. I hereby accep	ot the appoin	tment as	registere	d
SIGNATURE	Signature, typed or printed name of registered agent a	and title i	if applicable. (NOTE: Re	gistered	Agent	t signature required v	when	reinstating)	DATE			
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	DP		☐ DELETE	1.1 Ti	TLE					Chang	je 🗆 🗗	Addition
NAME	AITHARJU, ASHOK K			12 N	AME							- 1.
STREET ADDRESS	8665 NORTHWEST 6 LANE #10	06		1.3 \$1	REET	ADDRESS						1
CITY-ST-ZIP	MIAMI FL 33126			1.4 CI	TY-SI	r-ZIP						
TITLE	DV	-	☐ DELETE	2.1 TI	TLE					Chang	je 🗀 /	Addition
NAME (	CHITEPU, RAVIKANTH R			2.2 N	AME							[
STREET ADDRESS	1146 SOUTHWEST 123 AVE.			2.3 \$1	TREET	ADDRESS					,	
CITY-ST-ZIP	HOLLYWOOD FL 33025			2.40	aty-s	T-ZIP						
TITLE	DST		☐ DELETE	3.1 TI	πE					☐ Chang	je 🗀 /	Addition
NAME	REDDY, PRASHANTHI			3.2 N/	AME							
STREET ADDRESS	6276 NORTHWEST 186 ST. #2	15		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33015			3.4. 0	ITY-S	T-ZIP						
TITLE			☐ DELETE	4.1 TI	TLE				-	☐ Chang	ge 🔲 /	Addition
NAME				4. 2 N	IAME							<b>\</b>
STREET ADDRESS				4.3 S	TREET	ADDRESS						}
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 TI						Chang	je □/	Addition
NAME				5.2 N	AME							1
STREET ADDRESS				5.3 S	TREET	ADDRESS				•		
CITY-ST-ZIP				5.4 C	ITY-S	T-ZIP						
TITLE			☐ DELETE	6.1 TI	TLE					Chang	ge 🔲 i	Addition
NAME				6.2 N	AME							
STREET ADDRESS				6.3 S	TREE	TADDRESS						
	<b>.</b>			64 C	TY-S	T-7IP						ł

14. 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 annual report or supplemental annual 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 typicate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or true
Block 12 or Block 13 if changed, or on an attendant of the

SIGNATURE: