## 2004 FOR PROFIT CORPORATION

## Mar 29, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # S90406 1. Entity Name MIAMI GALAXY CORP. Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY SUITE 200 SUITE 200 MIAMI, FL 33145 MIAMI, FL 33145 02072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0293261 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. DO NOT WRITE 2300 CORAL WAY **SUITE 200** IN THIS SPACE MIAMI, FL 33145 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. MADA CONTERA SIGNATURE \$5.00 May Be 2. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GARCIA, RAUL NAME STREET ADDRESS 4254 SW 95 TERR U00000097592 CITY - ST - ZIP MIAMI, FL 03/29/04-80006-025 150.nn VD GARCIA, AMELIA NAME STREET ADDRESS 4254 SW 95 TERR CITY-ST-ZIP MIAMI, FL ASD ANDRADE, LUIS NAME STREET ADDRESS 13503 SW 22 TERR DO NOT WRITE C3TY - ST - Z3P MIAMI, FL THLE SD IN THIS SPACE ANDRADE, NANCY 13503 SW 22 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL THE TD ANDRADE, NANCY NAME 13503 22 TERR STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

MIAMI, FL

CITY -ST-ZIP

TITLE NAME STREET ADDRESS CITY-53-73P

> aux PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED** 

GARCIA