


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01072005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
65-0293261      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
FLORIDA ANNUAL REPORT SERVICES INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

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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: *[Signature]* AMAYA CANDERS LOPEZ, PRESIDENT      DATE: 3/22/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, RAUL 4254 SW 95 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, AMELIA 4254 SW 95 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ANDRADE, LUIS 13503 SW 22 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDRADE, NANCY 13503 SW 22 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDRADE, NANCY 13503 22 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/05-80002-013:150.00

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: *Paul Garcia*      Date: 2-15-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

RAUL GARCIA, PRESIDENT