


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S90406		
1. Entity Name MIAMI GALAXY CORP.		

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

FILED  
06 MAR 28 PM 2:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0293261	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	<i>[Signature]</i> 03/28

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03/31/06--01009--026 \*\*158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Raul Garcia</i>	2-8-06 305-856-0056
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>