## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # S96329** 04-22-2004 90023 001 \*\*\*150.00 GALÁXY ENTERPRISES, INC. Mailing Address Principal Place of Business 465 RIVERSIDE DR 465 RIVERSIDE DR 44035850 STUART, FL 34994 STUART, FL 34994 US HS 2. Principal Place of Business 3. Mailing Address P.O. Box 3237 271 SE Harbor Pt. Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chg-P CR2E034 (10/03) City & State Stuart, Applied For City & State Stuart, FL. 4. FEI Number 34995 FLK 34996 65-0301353 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П USA 34995 ÚSA 34996 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kazuyo Russell RUSSELL, LUTHER J. Street Address (P.O. Box Number is Not Acceptable) 465 RIVERSIDE DRIVE STUART, FL 34994 271 SE Harbor Point Drive Zip 34996 City Stuart 8. The above named a tity 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. rundi Zuyo Russell 19, 2004 April SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or punted name or registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XX Delete TITLE TITLE ange ange ☐ Addition RUSSELL, LUTHER J. NAME NAME 465 RIVERSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL CITY-ST-ZIP X Change TITLE VD ☐ Delete TITLE ☐ Addition RUSSELL, KAZUYO MARKE NAME 271 SE Harbor Point Dr. STREET ADDRESS 465 RIVERSIDE DRIVE STREET ADDRESS Stuart, FL. 34996 STUART, FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition RUSSELL, RIKI NAME NAME 1240 SW Dyer point-Rd. STREET ADDRESS 465 RIVERSIDE DR STREET ADDRESS BaamrCity, FB4 34990 CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP TITLE X Change ☐ Delete ☐ Addition TITLE RUSSELL, KEN NAME NAME 4111 Barbarossa Ave. STREET ADDRESS 465 RIVERSIDE DR STREET ADDRESS Coconut Grove, FL 33133 CITY-ST-7IP STUART, FL 34994 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 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

SIGNATURE PAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUSSELL 772-283-1033

FILED