


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 031 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S96329				
1. Entity Name GALAXY ENTERPRISES, INC.				
Principal Place of Business 465 RIVERSIDE DR STUART, FL 34994 US		Mailing Address 465 RIVERSIDE DR STUART, FL 34994 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 65-0301353		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
RUSSELL, LUTHER J. 465 RIVERSIDE DRIVE STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when assisting)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD RUSSELL, LUTHER J. STREET ADDRESS 465 RIVERSIDE DRIVE CITY-ST-ZIP STUART, FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD RUSSELL, KAZUYO STREET ADDRESS 465 RIVERSIDE DRIVE CITY-ST-ZIP STUART, FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S RUSSELL, RIKI STREET ADDRESS 465 RIVERSIDE DR CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T RUSSELL, KEN STREET ADDRESS 465 RIVERSIDE DR CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kazuyo Russell</i>		Date: <i>4-23-03</i> Daytona Phone #: <i>771-283-1033</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		

11033920



CHECK HERE IF MAKING CHANGES

CR2E034 (1/02)