

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019235

**Entity Name:** GALAXY BEST, INC.

**Current Principal Place of Business:**

335 S. BISCAYNE BLVD  
UNIT 3009  
MIAMI, FL 33131

**FILED**  
**Jan 04, 2020**  
**Secretary of State**  
**5507346054CC**

**Current Mailing Address:**

335 S. BISCAYNE BLVD  
UNIT 3009  
MIAMI, FL 33131

**FEI Number: 71-1053141**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DARYANANI, SATISH  
335 S. BISCAYNE BLVD  
UNIT 3009  
MIAMI, FL 33131, FL 33131 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHAHANI, SANYA  
Address        335 S. BISCAYNE BLVD  
                  UNIT 3009  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            SHAHANI, SANYA  
Address        335 S BISCAYNE BLVD UNIT 3009  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            DARYANANI, VEENA  
Address        335 S. BISCAYNE BLVD  
                  3009  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: VEENA DARYANANI**

**SECRETARY**

**01/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date