


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90227 050 \*\*\*150.00

**DOCUMENT # P05000163868**

1. Entry Name  
**BARGAIN PARADISE TRADING, INC.**



Principal Place of Business  
**5510 NW 163 ST**  
**MIAMI, FL 33104 X**

Mailing Address  
**5510 NW 163 ST**  
**MIAMI, FL 33104 X**

2. Principal Place of Business  
*5510 NW 163rd St*

3. Mailing Address  
*5510 NW 163rd St*


Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33014**

Country  
**USA**



01132006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-39449069**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PAI, SHIH LI**  
**5510 NW 163 ST**  
**MIAMI, FL 33104**

7. Name and Address of New Registered Agent  
 Name *Zhi Ye Yang*  
 Street Address (P.O. Box Number is Not Acceptable)  
*5510 NW 163rd St*  
 City *MIAMI* **FL** Zip Code *33014*

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 *Zhi Ye Yang* DATE *05/01/2006*

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PAI, SHIH LI 5510 NW 163 ST MIAMI, FL 33104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5510 NW 163rd St</i> <i>MIAMI, FL 33014</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Zhi Ye Yang* DATE *4/27/06* DAYTIME PHONE # *(305) 628-1866*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR