

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90048 026 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P06000030266</b><br>1. Entity Name<br><b>BAYSIDE MARKETING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                  |
| Principal Place of Business<br><b>124 SOUTH FEDERAL HWY, SUITE 1 - UPPER<br/>POMPANO BEACH, FL 33062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         | Mailing Address<br><b>124 SOUTH FEDERAL HWY, SUITE 1 - UPPER<br/>POMPANO BEACH, FL 33062</b>                                                                                                                                           |                                                                                                  |
| 2. Principal Place of Business - No P.O. Box #<br><b>124 SOUTH FEDERAL HWY</b><br>Suite, Apt. #, etc.<br><b>SUITE 4</b><br>City & State<br><b>POMPANO BEACH, FL</b><br>Zip<br><b>33062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         | 3. Mailing Address<br><b>124 SOUTH FEDERAL HWY</b><br>Suite, Apt. #, etc.<br><b>SUITE 4</b><br>City & State<br><b>POMPANO BEACH, FL</b><br>Zip<br><b>33062</b>                                                                         |                                                                                                  |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | Country<br><b>USA</b>                                                                                                                                                                                                                  |                                                                                                  |
| 4. FEI Number<br><b>134322508</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                 |                                                                                                  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                  |                                                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>HERNANDEZ, SHIRLEY</b><br><b>124 SOUTH FEDERAL HWY, SUITE 1 - UPPER</b><br><b>POMPANO BEACH, FL 33062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br><b>HERNANDEZ, SHIRLEY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><b>602 N.W. 106 AVE.</b><br>City<br><b>PLANTATION</b> <b>FL</b> Zip Code<br><b>33324</b> |                                                                                                  |
| 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.<br><br>SIGNATURE <u>SHIRLEY HERNANDEZ (P)</u> <i>Shirley Hernandez</i> <b>4-30-07</b><br><small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when re-registering)</small> DATE                                                                                                                                                  |                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                 |                                                                                                  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                           |                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>HERNANDEZ, SHIRLEY</b><br><b>10180 REFLECTIONS BLVD #205</b><br><b>SUNRISE, FL 33351</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                         | <b>P</b><br><b>HERNANDEZ, SHIRLEY</b><br><b>602 N.W. 106 AVE.</b><br><b>PLANTATION, FL 33324</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V</b><br><b>MANDELL, BRADLEY</b><br><b>10180 REFLECTIONS BLVD #205</b><br><b>SUNRISE, FL 33351</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                         | <b>V</b><br><b>MANDELL, BRADLEY</b><br><b>602 N.W. 106 AVE.</b><br><b>PLANTATION, FL 33324</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <br>                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                         | <br>                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <br>                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                         | <br>                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <br>                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                         | <br>                                                                                             |
| 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. |                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                  |
| <b>SIGNATURE: SHIRLEY HERNANDEZ</b> <i>Shirley Hernandez</i> <b>4-30-07</b> <b>696-1398</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                  |