


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000066380**  
 1. Entity Name  
 TROPICAL EXPRESS OF AVENTURA, INC.



Principal Place of Business: 19575 BISCAYNE BLVD. SPACE NO. 1393 AVENTURA MALL AVENTURA, FL 33180  
 Mailing Address: 19575 BISCAYNE BLVD. SPACE NO. 1393 AVENTURA MALL AVENTURA, FL 33180



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

02202005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0699130 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 SINGLETARY, JIM  
 13920 SW 104 AVE  
 MIAMI, FL 33176

7. Name and Address of New Registered Agent  
 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 signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	SINGLETARY, JIM	
STREET ADDRESS	13920 SW 104 AVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, LAZARO	
STREET ADDRESS	12049 SW 75 ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOI, SANG YEUNG	
STREET ADDRESS	13380 BISCAYNE BAY DR	
CITY-ST-ZIP	NO MIAMI, FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	YING, HO	
STREET ADDRESS	650 SOUTHSORE DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, JOSE JR.	
STREET ADDRESS	12425 SW 94 LN	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000251769	
STREET ADDRESS	03/04/05-80063-020	
CITY-ST-ZIP	150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: Jim Singletary Date: 2/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR