2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 30, 2007 08:0			
DOCUMENT # P9900004262 1. Enlity Name TROPICAL MARKETPLACE OF BAYSIDE, INC.						Secreta	ary of Sta
4104 AUROF	RA STREET 4	ailing Address 1104 AURORA STREET ORAL GABLES, FL 33146				 	3 100 01810 0181
D	OO NOT WRITE II	CE	03292007 No Chg-P CR2E034 (11/05) 4. FEI Number				
8. The above	ORA STREET ABLES, FL 33146	DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familhar with, and accept					
SIGNATURE	Signature typed or printed name of registered agent and little	d'applicable (NOTE Registere	d Agent signature required	d when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D YEUNG, HOI SANG 4104 AURORA STREET CORAL GABLES, FL 33146 SEC YEUNG, HING YU 4104 AURORA STREET CORAL GABLES, FL 33146	CTORS			05/15/ NOT W	RITE	98 5-006 150.00
TITLE							

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

HALS YU YEUN

4/10/07

305-476-1611

Daytim