

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-09-2007 90043 013 ***150.00

DOCUMENT # 467012 1. Entity Name AMERICAN EXPOS, INC.	
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Principal Place of Business 917 NE 20 AVE FORT LAUDERDALE, FL 33304 US	Mailing Address 917 NE 20 AVE FORT LAUDERDALE, FL 33304 US
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02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1575362	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAY, CLIFFORD S 917 NE 20TH AVE FT. LAUDERDALE, FL 33304
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when transferring) DATE

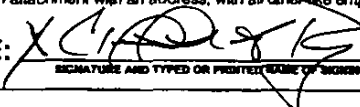
**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE SD	☒ DELETE
NAME RAY, GERALD R	
STREET ADDRESS 917 NE 20 AVE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33304	
TITLE PD	
NAME RAY, CLIFFORD	
STREET ADDRESS 917 NE 20 AVE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33304	
TITLE TD	
NAME RAY, GREGORY M.	
STREET ADDRESS 917 NE 20 AVE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33304	
TITLE VD	
NAME RAY, MILDRIAN	
STREET ADDRESS 917 NE 20 AVE	
CITY-ST-ZIP FORT LAUDERDALE, FL 33304	
TITLE SD	☒ CHANGE
NAME RAY, BRIAN	
STREET ADDRESS 917 NE 20 AVE 33304	
CITY-ST-ZIP FT LAUDERDALE, FL	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07
Date Daytime Phone #