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.

Principal Place of Business	Mailing Address
917 NE 20 AVE FORT LAUDERDALE, FL 33304 US	917 NE 20 AVE FORT LAUDERDALE, FL 33304 US

DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1575362
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAY, CLIFFORD S
917 NE 20TH AVE
FT. LAUDERDALE, FL 33304

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 _____ 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, 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: X _____ 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #