

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467012

Entity Name: AMERICAN EXPOS, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

917 NE 20 AVE
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

917 NE 20 AVE
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 59-1575362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAY, CLIFFORD,
Address: 917 NE 20 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TD () Delete
Name: RAY, GREGORY M.,
Address: 917 NE 20 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VD (X) Delete
Name: RAY, MILDRIAN,
Address: 917 NE 20 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SD () Delete
Name: RAY, BRIAN,
Address: 917 NE 20 AVE 33304
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: RAY, GREGORY M.,
Address: 917 NE 20 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD S RAY

Electronic Signature of Signing Officer or Director

PRES

01/22/2009

_____ Date