
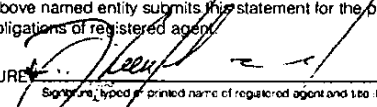
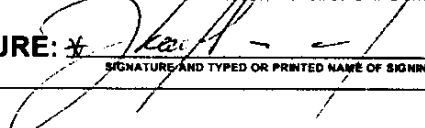


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90427 017 \*\*\*150.00

<b>DOCUMENT # P03000054700</b>					
1. Entity Name AMERICAN SUISSE IMPO-EXPO, INC.					
Principal Place of Business C/O WORLD FINANCIAL GROUP 1978 NORTH EAST 149 STREET NORTH MIAMI, FL 33181 US			Mailing Address C/O WORLD FINANCIAL GROUP 1978 NORTH EAST 149 STREET NORTH MIAMI, FL 33181 US		
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052006 Chg-P CR2E034 (11/05)	
Zip		Zip		4. FEI Number 55-0876918	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATIVE OFFICES 1978 NE 149 STREET N. MIAMI, FL 33181				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: 		Juan C. Schiumerini		4-19-06	
SIGNATURE		Signature typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHIUMERINI, JUAN CARLOS		NAME		
STREET ADDRESS	1978 NORTH EAST 149TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CERUELOS-PUMPIDO, RAFAEL		NAME		
STREET ADDRESS	1978 NORTH EAST 149 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONATI, JORGE		NAME	Donat' Jorge	
STREET ADDRESS	1978 NORTH EAST 149 STREET		STREET ADDRESS	No Longer with the Company	
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Juan C. Schiumerini		4-19-06 (305)947-7778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	