


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90183 050 \*\*\*150.00

<b>DOCUMENT # P97000024354</b> 1. Entity Name <b>AMEXPO, INC.</b>					
Principal Place of Business <b>18001 COLLINS AVE 13 NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>18001 COLLINS AVE 13 NORTH MIAMI BEACH, FL 33160</b>		
2. Principal Place of Business - No P.O. Box # <b>15371 NE 21 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>15371 NE 21 AVE</b> Suite, Apt. #, etc.			
City & State <b>N. MIAMI BEACH</b> Zip <b>33162</b>		City & State <b>N. MIAMI BEACH, FL</b> Zip <b>33162</b>		4. FEI Number <b>65-0737133</b>	
Country <b>DADE</b>		Country <b>DADE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>				01052007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>CLARKE, J W 213 SOUTHERN BLVD, STE 200 WEST PALM BEACH, FL 33405</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KIWAN, SUSAN NORD SCHLESWIGER STR 22049 HARBURG, GERMANY,</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHUSTER, HILMAR 5354 NW 5719 WAY POMPANO BEACH, FL 33067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARKE, J W 213 SOUTHERN BLVD, STE 300 WEST PALM BEACH, FL 33405</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Mileus J. Smith</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-20-07 Date		
			305-931-0444 Daytime Phone #		