


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90431 035 ***158.75

DOCUMENT # P97000103914					
1. Entity Name TRADE SHOW XPRESS INC.					
Principal Place of Business 6992 LISMORE AVENUE BOYNTON BEACH, FL 33437			Mailing Address 6992 LISMORE AVENUE BOYNTON BEACH, FL 33437		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03112007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0804304	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAPUSTEIN, WALTER P 6992 LISMORE AVE BOYNTON BEACH, FL 33437			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAPUSTEIN, IRIS		NAME		
STREET ADDRESS	6992 LISMORE AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAPUSTEIN, WALTER		NAME		
STREET ADDRESS	6992 LISMORE AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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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: <i>Walter P Kapustein</i>		WALTER P KAPUSTEIN		4-23-07 561-369-8339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40000100



03112007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0804304

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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NAME	KAPUSTEIN, IRIS	
STREET ADDRESS	6992 LISMORE AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KAPUSTEIN, WALTER	
STREET ADDRESS	6992 LISMORE AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Walter P Kapustein* WALTER P KAPUSTEIN 4-23-07 561-369-8339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #