

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000041951

1. Entity Name
NAP OF THE AMERICAS/WEST, INC.



Principal Place of Business Mailing Address

2601 SOUTH BAYSHORE DRIVE 2601 SOUTH BAYSHORE DRIVE
NINTH FLOOR NINTH FLOOR
MIAMI, FL 33133 MIAMI, FL 33133



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1005493 Not Applicable

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

6. Name and Address of Current Registered Agent

SICHTA, ROBERT D
2601 SOUTH BAYSHORE DRIVE
9TH FL
MIAMI, FL 33133

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

U00000450869
03/10/06-80023-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEDINA, MANUEL D
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE 9TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	DP
NAME	SEGRERA, JOSE
STREET ADDRESS	2601 S BAYSHORE DR., 9TH FLR.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	AS
NAME	SICHTA, ROBERT
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE 9TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: ROBERT D SICHTA, ASST. SECY 2/27/06 305-856-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #