


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 DEC 15 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041951					
1. Entity Name NAP OF THE AMERICAS/WEST, INC.					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE NINTH FLOOR MIAMI, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE NINTH FLOOR MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1005493	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name Corporate Creations Network Inc. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E City Palm Beach Gardens FL Zip Code 33410		
8. The above named entity submits this statement for the purpose of changing the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE <u><i>A. Howard</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small></div> <div>Assistant VP Corporate Creations 12/14/06 <small>(NOTE: Registered Agent signature required when re-appointing)</small></div> <div>DATE</div> </div>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	D MEDINA, MANUEL D 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Adam T. Smith 2601 South Bayshore Drive, Suite 900 Miami, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SEGRERA, JOSE 2601 S BAYSHORE DR., 9TH FLR. MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100082637651 12/19/06--01029--010 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SIEHTA, ROBERT 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133 <input checked="" 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		
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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>T. Balz as attorney in fact for Adam Smith</i></u> 12/14/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small>					